

HeartMath Techniques and Technology Coding/Reimbursement Review January 2023

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In discussion and review of the HeartMath® technology and how it is provided during care, we do not see that there is a distinct (separate) CPT code available for this service at this time, however there are available options. It is our understanding that the process to which this technology is utilized is generally in the practitioner or clinician office during an encounter or where HeartMath techniques are taught during a telehealth¹ session. This would mean that the measuring and feedback is provided during that time between the provider and the patient.

Based on that knowledge, we would recommend the following approach to capture potential revenue for this service in addition to the main service provided.

Physicians/Non-physician Practitioners who are permitted to bill for evaluation and management services (MD, DO, CNP, PA):

Beginning with *CPT 2021*, time alone may be used to select the appropriate code level for the office or other outpatient E/M services codes. (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215)

Time documentation:

Providers are instructed to include the total time spent face to face or non-face to face for an entire encounter on a calendar day, which would include the time spent working the patient through the HeartMath procedure. For example if the HeartMath activity would take approximately 15-20 minutes in addition to other activities of the encounter, this would potentially allow the provider to increase the code to the next level depending on the overall total time. Here are the codes and time factors involved:

99202	15-29 minutes	99212	10-19 minutes
99203	30-44 minutes	99213	20-29 minutes
99204	45-59 minutes	99214	30-39 minutes
99205	60-74 minutes	99215	40-54 minutes

We recommend that the provider document the total time spent in the encounter along with a brief summary of all activities which that time reporting is based on. The AMA provides a list of activities that are considered:

- preparing to see the patient (e.g., review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (not separately reported)

We also recommend the HeartMath data be integrated into the documentation to show how it impacts treatment plans and to measure successful outcomes using this technology.

¹ Please note: Telehealth coding rules/guidance is payer dependent; therefore it is important to investigate and understand how telehealth is billed for each payer which may differ from codes listed in this document.



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Psychologists, Licensed Social Workers, Professional Counselors, Marriage and Family Therapists, and other mental health professionals who may potentially provide the service during psychotherapy sessions:

Beginning in 2023 the option of prolonged service code added to psychotherapy is no longer available. Effective January 1, 2023, CPT code 99354 for prolonged services has been deleted.

As a reminder, psychotherapy time-based codes are as follows:

- 90832 16-37 minutes
- 90834 38-52 minutes
- 90837 53 or more minutes

Another option for clinicians to bill for HeartMath related services is through health behavioral intervention. The following CPT code, 96158 is available should the provider be utilizing HeartMath technology to help manage the psychological aspect to a medical condition. Please read the definition of the code below carefully:

96158 - Health behavior intervention, individual, face-to-face; *initial 30 minutes*

96159 – Health behavioral intervention individual, face-to-face; *each additional 15 minutes*

Definition: Health behavior intervention services are performed that may include cognitive, behavioral, social, psychophysiological, or other techniques designed to improve health, function, and treatment outcomes; reduce the frequency and severity of disease-related problems; minimize psychological stumbling blocks to managing the condition; and improve overall well-being. The intervention services **may be provided by any health care professional with specialized training in health and behavior interventions including physicians, psychologists, advanced practice nurses, or clinical social workers.** Intervention services are specifically designed for the individual patient based on a separately reportable assessment. Techniques used might include education related to biopsychosocial factors influencing health; stress reduction techniques including relaxation and guided imagery; seeking social support and participating in group discussions; developing needed social skills; and training in new management and coping strategies. Services focus on active patient participation in interventions aimed to improve the specific challenges related to the condition. Report CPT code 96158 for the first 30 minutes of individual, face-to-face intervention services and CPT code 96159 for each additional 15 minutes.

Group sessions codes with the same definition:

96164 - Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes

96165 - Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes

Coding Tips:

- The above codes listed are time based, therefore you may apply the CPT mid-point rule which states: “a unit of time is attained when the mid-point is passed.” For example, in 96158 you would need a minimum of 16 minutes which would be the “mid-point” in the time factor. However you would need to do the full 30 minutes before you could continue on to the next code 96159 if additional time is spent. Do not report the code 96158 for services less than 16 minutes.



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- These codes are approved as telehealth services.² CMS (Medicare) also lists audio-only interaction as meeting the telehealth requirement.
- **Do not** report health behavior intervention services (**96156-96171**) in conjunction with psychiatric services (**90785-90899**) **on the same date**. Report the predominant service performed. This is very important to understand that 96158 cannot be billed the same day as the therapy. You would need to perform the intervention on a separate day.
- When these services are provided by a physician, nurse practitioner or physician assistant, CPT code 96158 may be billed on the same day as an evaluation and management code (99202-99215)

Other Group sessions:

Group Risk Factor Reduction: CPT 99411/99412

When using the technology in a group session, below are codes that may be utilized. Documentation is of course the key to support billing.

- 99411 – Preventive/risk factor reduction intervention(s) for individuals in a group setting approx. 30 min
- 99412 - Preventive/risk factor reduction intervention(s) for individuals in a group setting approx. 60 min

These codes may be used to report the following counseling and/or behavior change intervention circumstances for:

- Persons whose behavior has not yet resulted in illness, or
- Persons whose behavior may exacerbate a condition and/or is considered an illness

Group Psychotherapy: CPT 90863

Group psychotherapy involves a provider working with several individuals who are experiencing similar stressors simultaneously. Therapy sessions typically last between 1-2 hours. (**Important note:** this is listed as “typical” and is not a specific requirement of the code selection)

For information on HeartMath health professional programs, go to
<http://healthprofessional.heartmath.com>
or call 800-450-9111 or 831-338-8700 from 9-5 Pacific time.

Disclaimer:

The information contained in this document is effective as of January 1, 2023, it is intended for general information purposes only to assist providers in understanding current guidelines in above code options as it relates to services provided via HeartMath technology. Best practice is to document all clinically relevant information in the medical record to support services billed. When time is included in the definition of a code, time must be documented in the encounter record. For questions related to information in the document send email to skunzi@codingadvantage.com. Follow us at @codingadvantage (Instagram) www.codingadvantage.com

² This must be validated with each individual payer. The information contained in this document is from CMS which is typically accepted as industry standard guidance.

