

HeartMath Techniques and Technology Coding Considerations 2024 updates

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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, however there are available options to utilize the technology while providing other services. 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 to help a patient manage their condition. This would mean that the measuring and feedback is provided during that time between the provider and the patient. Heartmath is not considered a medical device and therefore would not qualify for remote physiological or remote therapeutic monitoring CPT codes.

Based on how Heartmath technology is described, we would recommend providers consider the following approach to capture potential revenue for this service in addition to the main service provided as a consideration. Please note providers must be qualified from an insurance carrier standpoint to bill such services as well as meet the definition of the code(s) provided here for consideration.

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 “may” include the time spent working the patient through the HeartMath procedure. For example if the HeartMath activity would take approximately 15 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. Documentation is key to supporting your code selection.

Here are the codes and time factors involved: *(noted language change to codes in 2024)*

99202	15 minutes met or exceeded	99212	10 minutes met or exceeded
99203	30 minutes met or exceeded	99213	20 minutes met or exceeded
99204	45 minutes met or exceeded	99214	30 minutes met or exceeded
99205	60 minutes met or exceeded	99215	40 minutes met or exceeded

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

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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- 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. This would be in addition to a main service provided that again meets the definition and intent of the CPT code.

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 became unavailable. Effective January 1, 2023, CPT code 99354 for prolonged services was deleted. This has continued through to 2024 and we do not foresee prolonged services codes returning (*at this time*) to reimburse psychotherapy sessions beyond 60 minutes

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

- 90832 - Psychotherapy 30 minutes with patient (*16-37 minutes*)
- 90834 - Psychotherapy 45 minutes with patient (*38-52 minutes*)
- 90837 - Psychotherapy 60 minutes with patient (*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. These codes have specific requirements that must be met, they are NOT meant for or created for HeartMath alone. 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**². 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

² Please note that you MUST be a type of provider that is able to be credentialed by the insurance carrier as well the code definition must be in your scope of practice. The code guidance does not include Chiropractors, Physical Therapists, or Health Coaches as eligible. CMS (Medicare) may be more restrictive on type of providers allowed to bill.



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CMS Announcement Nov 2023 regarding these codes: (new types of providers eligible)

Additionally, we are finalizing our proposal to allow the Health Behavior Assessment and Intervention (HBAI) services described by CPT codes **96156, 96158, 96159, 96164, 96165, 96167, and 96168, and any successor codes, to be billed by clinical social workers, MFTs, and MHCs, in addition to clinical psychologists.** Health Behavior Assessment and Intervention codes are used to identify the psychological, behavioral, emotional, cognitive, and social factors included in the treatment of physical health problems. Allowing a wider range of practitioner types to furnish these services will allow for better integration of physical and behavioral health care, particularly given that there are so many behavioral health ramifications of physical health illness.

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 past 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.
- These codes are approved as telehealth services.³ 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), however guidance states it must not be the same provider. Therefore we recommend that the provider interpret this as not paid on the same day.

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.⁴

- 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

³ This must be validated with each individual payer. The information contained in this document is from CPT which is copyrighted by the AMA and CMS which is typically accepted as industry standard guidance.

⁴ Not every carrier will allow these services. If you intend to utilize these codes, we recommend checking with the carriers.



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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)

Don't forget, 2024 is the new year for MFTs and MHCs to credential with Medicare. Historically these provider types were excluded from the eligible provider list. In order to qualify to be credentialed by Medicare:

MFTs

- Possesses a master's or doctorate degree which qualifies for licensure or certification as a MFT under State law of the State in which such individual furnishes marriage and family therapist services,
- Is licensed or certified as an MFT by the State in which they furnish services,
- Has performed at least 2 years of clinical supervised experience in marriage and family therapy or mental health counseling after obtaining the degree referenced above, and
- Meets other requirements as the Secretary of Health and Human Services (HHS) determines appropriate.

MHCs:

- Possesses a master's or doctorate degree which qualifies for licensure or certification as a MHC, clinical professional counselor, or professional counselor under State law of the State in which such individual furnishes MHC service,
- Is licensed or certified as an MHC, clinical professional counselor, or professional counselor by the State in which they furnish services,
- Has performed at least 2 years of clinical supervised experience in marriage and family therapy or mental health counseling after obtaining the degree referenced above, and
- Meets other requirements as the Secretary of HHS determines appropriate.

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, 2024, 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. These codes are available to a select few “types” of providers. (licensure and scope of practice should be considered) Always check with your billing staff and/or insurance carriers before billing any codes. For questions related to information in the document send email to skunzi@codingadvantage.com.

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