hiCHART(TM)

HOLISTIC INSURANCE CHART

PROVIDER LEARNING SERIES

Medical Service Code Guide

Platform & Training Edition

A practical guide for selecting hi internal holistic service codes, verifying member benefits and moving a visit cleanly from hiCHART(TM) to claim and statement.

IMPORTANT: The H-codes and allowances in this training edition come from the expanded 2019 Revision B source documents. They are preserved for policy review and must not be treated as current rates, final policy terms, CPT, HCPCS or production billing instructions until formally approved.

NO DEDUCTIBLE | TIER-AWARE SAVINGS | ALLOWANCE CONTROL

HOW TO USE THIS GUIDE

Use it during provider onboarding, front-desk training, visit documentation and claim review. Always search the live Service Code Library in the platform before completing an encounter; the live catalog controls code status, fee reference, waiting period and frequency limit.

From scheduled visit to member statement

1. Verify the member
Confirm an active enrollment, benefit period, tier and available allowance.

2. Select the approved service
Use the live code library. Do not substitute a description for an inactive or missing code.

3. Document the encounter
Complete the hiCHART(TM) summary and sign the encounter before billing.

4. Confirm the charge
Use the provider's charge while comparing it with the approved fee reference when available.

5. Apply plan savings
The platform calculates the plan share using the member's active tier and remaining allowance.

6. Submit and explain
Create the claim and statement together. The benefit is reserved until claim review is complete.

Required fields

Field	Purpose	Controlled by
Member ID	Connects enrollment, allowance and visit history	Member record
Service code	Identifies the approved holistic service	Service Code Library
Date of service	Determines benefit period and visit history	Encounter
Provider charge	Starting amount for benefit calculation	Provider
Plan benefit	Tier share, limited by remaining allowance	Benefit engine
Member responsibility	Provider charge minus approved plan benefit	Benefit engine
Adjustment reason	Explains an authorized manual override	Provider + audit

Founding H-code fee schedule

This is the complete 43-code Revision B schedule extracted from the uploaded 2019 General Fee Schedule. The earlier legacy schedule contains conflicting names and amounts; Admin must approve one revision before activation.

H-code	Service	2019 allowance
H0107	Acupuncture Consultation	$95.00
H0117	Acupuncture Therapy	$75.00
H0127	Acupressure Therapy	$60.00
H0137	Cupping Therapy	$60.00
H0147	Herbal Consultation	$50.00
H0157	30 Day Loose Herb Supply	$40.00
H0167	30 Day Herbal Supplement Supply	$60.00
H0177	Moxibustion	$35.00
H0207	Tui Na Massage	$60.00
H0217	Deep Tissue Massage	$84.00
H0227	Shiatsu Massage	$70.00
H0237	Aromatherapy Massage	$74.00
H0247	Reflexology Massage	$50.00
H0257	Prenatal Massage	$80.00
H0267	CBD Oil Massage	$90.00
H0277	Swedish Massage	$75.00
H0307	Initial V-Steam Bath + Consultation	$85.00
H0317	V-Steam Bath	$60.00
H0327	Gym Membership	$50.00
H0337	Nutrition Consultation	$145.00
H0347	Nutrition Follow-Up	$65.00
H0407	Birth Doula	$900.00
H0417	Placenta Encapsulation	$250.00
H0507	Chiropractic Consultation	$35.00
H0517	Chiropractic Adjustment	$60.00

H-code	Service	2019 allowance
H0527	Colon Hydrotherapy	$80.00
H0537	TENS Therapy	$50.00
H0547	Thermogram	$195.00
H0557	Ultrasound Therapy	$20.00
H0567	Diathermy	$25.00
H0607	Meditation Class	$35.00
H0617	Energy Healing	$75.00
H0627	Crystal Healing	$75.00
H0637	Spiritual Healing	$75.00
H0647	Reiki Healing	$75.00
H0657	Hypnotherapy	$80.00
H0667	Hypnotherapy: Smoking Cessation	$95.00
H0677	Naturopathic Doctor: Initial Visit	$250.00
H0687	Naturopathic Doctor: Follow-Up	$150.00
H0707	Holistic Facial	$75.00
H0717	Ear Candling	$45.00
H0727	Holistic Acne Consultation	$65.00
H0737	Holistic Acne Home Care Program	$135.00
H0747	Ion Foot Detoxification	$45.00

The founding holistic care categories

These service names and definitions are drawn from the September Holistic Insurance business plan and 2019 benefit guides. Coverage still depends on the approved tier rule and active catalog status.

Acupuncture & acupressure Consultations, acupuncture therapy, acupressure therapy, cupping, moxibustion and Tui Na.	**Herbal care** Herbal consultation, prescribed 30-day herb supply and prescribed 30-day supplement supply.
Massage & bodywork Deep tissue, Shiatsu, aromatherapy, reflexology, prenatal and CBD oil massage.	**Nutrition & movement** Nutrition consultation, nutrition follow-up, gym or fitness membership and meditation classes.
Birth & family support Doula services and pregnancy-supportive care listed in the approved catalog.	**Chiropractic care** Chiropractic consultation and general vertebrae or chiropractic adjustment.
Therapeutic modalities Colon hydrotherapy, TENS therapy, ultrasound therapy, diathermy and thermogram services.	**Energy & spiritual wellness** Energy healing, Reiki, crystal healing and spiritual healing.
Mind-body services Hypnotherapy, smoking-cessation hypnotherapy and astrology readings where approved.	**Holistic skin care** Holistic facial, acne consultation and acne home-care program.
Additional founding services V-steam therapy and ear candling, subject to current policy, evidence and regulatory review.	**Catalog governance** Only active services with approved rules are eligible for automated benefit calculation.

Code status language

Status	Meaning
ACTIVE	Approved for the current platform catalog and available for eligibility checks.
DRAFT	Being configured or reviewed; cannot be used for a production claim.
INACTIVE	Not currently eligible for new claims.
NEEDS REVIEW	Requires administrator confirmation before claim submission.

How member savings are applied

Tier	Historical plan share	Historical member share	Individual allowance blueprint
Bronze	50%	50%	$1,000
Silver	60%	40%	$1,500
Gold	70%	30%	$2,500
Platinum	80%	20%	$3,500

These percentages and allowances preserve the historical business-plan blueprint. They are not current rates, policy terms or a guarantee of reimbursement. Active plan rules in the platform are the source of truth.

TRAINING EXAMPLE

Provider charge: $180
Active tier: Gold (70/30)
Available allowance before visit: $900

Calculated plan benefit: $126
Member responsibility: $54
Available allowance after reserve: $774

The $126 remains reserved while the claim is under review. Approval moves it to used benefits. Denial releases it back to the member's available allowance.

Before submitting

Member active Confirm enrollment and benefit period.	**Code active** Verify the service in the live catalog.
Waiting period met Check the service-specific waiting rule.	**Frequency available** Review prior eligible use in the same benefit period.
Allowance available Consider used and already-reserved benefits.	**Encounter signed** Complete the hiCHART(TM) record before billing.

Learn inside the workflow

Use hiGUIDE(TM), the built-in learning assistant, for step-by-step help with scheduling, check-in, service-code selection, benefit calculations, claims, statements and hiCHART(TM).

Ask in plain language
Try: 'How do I choose a service code?' or 'Why is this member not eligible?'

Use the learning center
Search service categories, workflow steps and platform definitions from one provider page.

Escalate code questions
If a code is missing, inactive or unclear, stop the claim and request Benefit Operations review.

Protect member information
Never place real clinical details into a general help request. Use the protected chart workflow only after production controls are validated.

Official code import checklist

Required column	Example format
Code	Approved internal/CPT/HCPCS value
Service name	Member-facing service description
Category	Acupuncture, Herbal Care, Reiki, etc.
Standard fee	Whole-dollar or cent-based approved reference
Frequency limit	Visits allowed per benefit period
Waiting period	Days from benefit-period start
Status	Draft, active or inactive
Effective date	Date the rule becomes usable
Review owner	Authorized benefit administrator

Go to the Holistic Insurance Provider Learning Center to search guidance, open hiGUIDE(TM), and download the latest edition of this guide.

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