

## Comments for L31070 - PHYS-066 Biofeedback

### Comment

#### PHYS-066 Biofeedback

#### Comment:

Biofeedback training is the appropriate term, and is in keeping with CPT code, rather than the word “treatment” that is used in the draft LCD.

#### Response:

The LCD has been changed. Please note that the term “treatment” is still used when there is a direct quote from CMS guidelines (*italic*). Thank you.

#### Comment:

The LCD refers the need for the continuous presence of a physician or qualified non-physician practitioner. Please define what qualifies a non-physician practitioner.

#### Response:

Non-physician practitioners must enroll and maintain their Medicare enrollment in the Medicare program to be eligible to receive Medicare payments for covered services furnished to Medicare beneficiaries.

Medicare non-physician practitioners include:

Anesthesiology Assistant
Audiologist
Certified Nurse Midwife
Certified Registered Nurse Anesthetist
Clinical Nurse Specialist
Clinical Social Worker
Nurse Practitioner

Occupational Therapist in Private Practice
Physical Therapist in Private Practice
Physician Assistant
Psychologist, Clinical
Psychologist billing independently
Registered Dietitian or Nutrition Professional

The fact that a specialty is listed above does not mean they can perform this service. The individual should know if they are qualified to perform services that they bill to Medicare. They will have to be able to answer this question if a review is performed on claims they bill to Medicare.

#### Comment:

The LCD states, “There should be a plan of care certified by the provider, which contain the goals of biofeedback training, the exercise prescription, and measurable objectives.” Please define “provider.” For PT, the certification must be done by a physician or NNP. For other providers, I am not sure who certifies their Plan of Care.

#### Response

The LCD now reads: “There should be a plan of care certified by the Medicare attending/ordering physician/provider, which contain the goals of therapy, the exercise prescription, and measurable objectives.

#### Comment:

The LCD states under Indications and Limitations of Coverage and/or Medical Necessity, E. “Biofeedback Training is considered medically ... necessary in the following circumstances ...” and then gives a list of only five ICD-9 codes. That is shorter than the list for CPT code 90901.

#### Response:

The LCD now states “Biofeedback Training (CPT code 90901) is considered medically necessary when other treatments have failed or are contraindicated and it is performed for one of the indications listed in this LCD.”

**Comment:**

What is the purpose of the CPT code list in the LCD? Some of the codes in the list are codes that should not be billed with or as **biofeedback** training.

**Response:**

While it is true that some of the codes should not be billed with biofeedback they are included in the billing and coding instructions and therefore were included in the list of HCSCS codes listed in the LCD. The CPT codes that are not billed with biofeedback are now just listed in the billing and coding guidelines directly with the information regarding the information that discusses them:

3. When performed with biofeedback, the use of EMG CPT codes 51784, 51785, 95860, 95861, 95863, 95864, 95870 and 95872 are covered by Medicare only when the service performed is a totally separate medically necessary service (different ICD-9 code). When an E&M service is performed for the condition treated with biofeedback, it is included in the biofeedback therapy service.

- 97014 Application of a modality to one or more areas;, electrical stimulation (unattended)
- 97112 Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.

51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
95860	Needle electromyography; one extremity with or without related paraspinal areas
95861	two extremities with or without related paraspinal areas
95863	three extremities with or without related paraspinal areas
95864	four extremities with or without related paraspinal areas
95870	limited study of muscles in 1 extremity or no-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied.

**Comment:**

“Documentation Requirements”

“Documentation in the patient's progress notes must indicate the necessity for biofeedback therapy. Since biofeedback is only covered when there is a lack of response to other treatments, the lack of response to or contraindication to, other therapies must be noted in the patient's record”

Please provide guidance related to lack of response to other therapies/treatments. Must the patient have had a lack of response to all 3 treatments listed on page 2? How long must those treatments have to be attempted before lack of response is determined? For many patients the reason why pelvic floor exercise, for example, is not successful is because the patient is unable to find and feel the right muscles and actually needs the biofeedback to get them going doing the right exercise the right way.

**Response:**

The documentation requirements list the general guidelines. It is expected that the provider of services is aware that, when necessary, more patient specific information should be provided to establish the medical necessity of the service. WSP is not putting utilization guidelines in this LCD.

**Comment:**

Please delete the words “therapy” in the Billing and Coding Guidelines.

**Response:**

Italic print indicates that this is a direct quote from CMS. WPS is unable to change any part of this language.

**Comment:**

The first sentence under the “Reasons for Denial” in the billing and coding guideline seems like an unfinished sentence. Please clarify.

“Services performed that are not under the physician’s or designated non-physician practitioner”,

**Response:**

The line now reads: “1. Services performed that were not ordered by the beneficiary’s primary Medicare physician.”

**Comment:**

The LCD reads, “The use of electrical nerve stimulation (CPT codes 97014, 97112) and/or EMG (CPT codes 51784, 51785, 95860-95872) during a biofeedback session is considered a part of the procedure and therefore is not separately billable.”

This code is to report neuromuscular re-education and it is not an electrical stimulation code. While it is true that 97112 should not be separately billed (except when it is provided as a separate and distinct treatment from biofeedback training) the reason is that CPT codes 90901 and 90911 are training codes and describe exercise and neuromuscular re-education provided while using a biofeedback device.

Additionally, biofeedback is not an electrical stimulation modality. The biofeedback picks up electrical activity from the muscles and does not apply an electrical current to the muscle

3. The use of electrical nerve stimulation (CPT codes 97014, 97112) and/or EMG (CPT codes 51784, 51785, 95860-95872) during a biofeedback session is considered a part of the procedure and therefore is not separately billable.
4. Evaluation and Management services performed on the same day as biofeedback therapy [training](#) are covered by Medicare only when the service performed is considered truly separately identifiable (the 25 modifier must be used to identify the service is separately identifiable). When the E&M service is performed for the condition treated with biofeedback, it is considered included in the biofeedback therapy service.

**Response:**

The LCD now reads:

The use of CPT codes 97014 and/or 97112 and/or EMG (CPT codes 51784, 51785, 95860-95872) are covered by Medicare only when the service performed is a totally separate medically necessary service (different ICD-9 code) and identified by the modifier 25. When an E&M service is performed for the condition treated with biofeedback, it is included in the biofeedback therapy service and may not be billed to Medicare as a separate service.

**Comment:**

CPT code 97112 is not an electrical stimulation code.

97112 = Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.

**Response:**

The LCD now reads:

The use of CPT codes 97014 and/or 97112 and.... With the definitions of the codes below.