Billing and Coding Guidelines:
PHYS-066 Biofeedback

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Contractor Name
Wisconsin Physicians Service

CMS Regulations
AMA CPT/ ADA CDT Copyright Statement

CMS National Coverage Policy
Medicare National Coverage Determinations Manual (MCDM)
Pub 100-03 Chapter 1 - §30-1, §30.1.1, §35-27V

Billing Guidelines
Biofeedback therapy provides visual, auditory or other evidence of the status of certain body functions so that a person can exert voluntary control over the functions, and thereby alleviate an abnormal bodily condition.

Biofeedback therapy often uses electrical devices to transform bodily signals indicative of such functions as heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone into a tone or light, the loudness or brightness of which shows the extent of activity in the function being measured.

Biofeedback therapy differs from electromyography, which is a diagnostic procedure used to record and study the electrical properties of skeletal muscle. An electromyography device may be used to provide feedback with certain types of biofeedback.

Biofeedback therapy is a type of behavioral technique by which information about a normally unconscious physiologic process is presented to the patient and is demonstrated by a signal to educate the patient for an optimal muscle response.

Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness; and more conventional treatments (heat, cold, massage, exercise, support) have not been successful. This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions.

Coding Guidelines

1. Biofeedback training services are allowable and billable to Medicare Part B when performed on patients in place of service other than hospital inpatients, or skilled nursing facility. Biofeedback training performed in inpatient hospital and skilled nursing facility is billed Medicare Part A.
2. Biofeedback sessions are limited to the appropriate number of sessions per beneficiary per condition (e.g., up to six sessions over a three-month period).
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.

4. Evaluation and Management services performed on the same day as biofeedback training are covered by Medicare only when the service performed is considered truly separately identifiable (the 25 modifier must be used). When the E&M service is performed for the condition treated with biofeedback training, it is considered included in the biofeedback training service.
5. List the CPT code that appropriately describes the procedure performed.
6. Codes 90901 and 90911 do not include a time element. Therefore, time is not a factor when using these codes to identify the service. These codes should be used once to identify all modalities of the biofeedback training performed for that date of service, regardless of time increments or number of modalities performed. For example, if 1-1.5 hours of surface electromyography is spent for neuromuscular assessment and re-education, report for the number of service = one.
7. List the most specific ICD-9 code to describe the patient's condition that is being treated with biofeedback training.
8. Biofeedback is not covered by Medicare for treatment of ordinary muscle tension or for psychosomatic conditions.
9. If Biofeedback devices are provided for home use, they must be billed to the DMERC.

Reasons for Denial

1. Services performed that were not ordered by the beneficiary’s primary Medicare physician with the following exception:

Chapter 15 – Covered Medical and Other Health Services Rev. 126. 05-21-10, an order or referral is NOT required for outpatient therapy services.

220.1.1 – Outpatient Therapy Must be Under the Care of a Physician/Non-Physician Practitioners (NPP) (Orders/Referrals and Need for Care)

An order (sometimes called a referral) for therapy services, if it documented in the medical record, provides evidence of both the need for care and that the patient is under the care of a physician. However, the certification requirements are met when the physician certifies the plan of care. If the signed order includes a plan of care (see essential requirements of plan in §220.1.2), no further certification of the plan is required. Payment is dependent on the certification of the plan of care rather than the order, but the use of an order is prudent to determine that a physician is involved in the care and available to certify the plan.

2. Services not relating to a written treatment plan established by the physician or designated non-physician practitioner,
3. *Home use of biofeedback therapy is not covered.*
4. The following services are considered not covered, and therefore should not be submitted with the CPT code 90901:
   a. Biofeedback training in conduction disorder (e.g., arrhythmia);
   b. Biofeedback training for regulation of blood pressure (e.g., in essential hypertension);
   c. Biofeedback training for regulation of skin temperature or peripheral blood flow;
   d. Biofeedback training by electroencephalogram application (e.g., in anxiety, insomnia);
   e. Biofeedback training by elecro-oculogram application.
5. Group biofeedback education training (i.e., more than one patient involved with a practitioner in training) is not covered by Medicare therefore is not billable to Medicare.
6. Biofeedback training with Individual Psychophysiological Therapy: CMS Manual System, Pub. 100-3, Medicare National Coverage, Chapter 1, Sections 30.1, 30.1.1, 230.16 restricts the use of biofeedback. Biofeedback for the treatment of psychiatric disorders (90875 and 90876) is not covered under Medicare.
7. Biofeedback performed for muscle spasms (ICD-9 728.85) with no documentation in the medical record of site and/or that the spasms are incapacitating.

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Notes:
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An asterisk (*) indicates the most current revision.