

Local Coverage Article: Outpatient Therapy Biofeedback Training (A53350)

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Contractor Information

| Contractor Name | Contract Type | Contract Number | Jurisdiction | State(s) |
|--|----------------------|------------------------|---------------------|---|
| Noridian Healthcare Solutions, LLC | A and B MAC | 01111 - MAC A | J - E | California - Entire State American Samoa Guam Hawaii Northern Mariana Islands |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01211 - MAC A | J - E | Nevada American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01311 - MAC A | J - E | |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01911 - MAC A | J - E | |

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Article Information

General Information

Article ID
A53350

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10/01/2015

Article Title
Outpatient Therapy Biofeedback Training

Revision Effective Date
N/A

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Revision Ending Date
N/A

Retirement Date
N/A

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Article Guidance

Article Text:

The amount of time the therapist spends working with a patient must be accurately documented in the medical record to support the units billed on a claim (for both untimed and time-based code services). Providers should be aware of the provision and billing requirements for each Current Procedural Terminology (CPT®) code billed. CPT® code 90901 should be billed when biofeedback training is provided. Biofeedback training consists of the amount of time that the biofeedback modality is attached to the patient with the feedback results to be used and/or analyzed by the patient and/or clinician. Separate billing for concurrently applied modalities and/or procedures during biofeedback training is not appropriate. For example, a therapist may provide a combination of biofeedback and therapeutic exercises during the same 15 minutes to treat a patient. In these instances, the therapeutic exercises are considered to be a component of the biofeedback training and should not be separately billed. Providers should only bill the appropriate biofeedback training code for these combined services.

Example 1

| | |
|-----------------------------|---|
| Treatment=60 Minutes | |
| Treatment | Biofeedback Training=60 minutes |
| | Therapeutic Exercise while on Biofeedback Training-15 minutes |
| Bill | Biofeedback Training (90901)= one (1) unit |

Example 2

| | |
|-----------------------------|---|
| Treatment=60 Minutes | |
| Treatment | Biofeedback Training= 45 minutes |
| | Therapeutic Exercises without Biofeedback Training-15 minutes |
| Bill | Biofeedback Training= one (1) unit |
| | Therapeutic Exercises=one (1) unit |

Treatment for Urinary Incontinence

Medicare covers biofeedback for the treatment of stress and/or urge incontinence in cognitively intact patients when documentation supports a previously failed trial of pelvic muscle exercise (PME) training. A failed trial is observed when no significant clinical improvement in urinary incontinence is noted after completing four weeks of a physician prescribed plan of PME. Medical record documentation of the failed PME trial must be present to justify coverage for biofeedback.

When biofeedback training is provided, the most appropriate biofeedback code (90901 or 90911) should be billed. Similarly, separate billing for concurrently applied modalities and/or procedures during biofeedback training is not appropriate. For example, a therapist may provide a combination of neuromuscular electrical stimulation (NMES), biofeedback, and therapeutic exercises *during the same 15 minutes* to treat a patient with urinary incontinence. In these instances, the therapeutic exercises and the NMES are considered to be a component of the biofeedback training and should not be billed separately. Providers should only bill the appropriate biofeedback training code for these combined services.

Example 1

| | |
|-----------------------------|--|
| Treatment=60 Minutes | |
| Treatment | Biofeedback Training= 60 minutes |
| | Electrical Stimulation= 15 minutes |
| | Therapeutic Exercises while on Biofeedback Modality and Electrical stimulation |
| Bill | Biofeedback Training (90901 or 90911)= one (1) unit |

Example 2

| | |
|-----------------------------|--|
| Treatment=60 Minutes | |
| Treatment | Biofeedback Training= 45 minutes |
| | Electrical Stimulation while on Biofeedback Modality= 15minutes |
| | Therapeutic Exercises without Biofeedback or Electrical Stimulation = 15 minutes |
| Bill | Biofeedback Training= one (1) unit |
| | Therapeutic Exercises= one (1) unit |

Example 3

| | |
|-----------------------------|--|
| Treatment=60 Minutes | |
| Treatment | Biofeedback Training= 45 minutes |
| | Electrical Stimulation while not on Biofeedback Modality= 15minutes |
| | Therapeutic Exercises during same 15 minute interval |
| Bill | Biofeedback Training= one (1) unit |
| | Therapeutic Exercises (or attended Electrical Stimulation)= one (1) unit |

Sources

- **CMS Internet Only Manual (IOM) National Coverage Determinations (NCD) Manual, Publication 100-03, Chapter 1, Sections 30.1 and 30.1.1**
- **CMS IOM National Coverage Determinations (NCD) Manual, Publication 100-03, Chapter 1, Section 160.12**

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[Coding Information](#)

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes N/A

ICD-10 Codes that are Covered N/A

ICD-10 Codes that are Not Covered N/A

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[Revision History Information](#)

N/A [Back to Top](#) **Related Local Coverage Document(s)** N/A

Related National Coverage Document(s) N/A

Statutory Requirements URL(s) N/A

Rules and Regulations URL(s) N/A

CMS Manual Explanations URL(s) N/A

Other URL(s) N/A

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Keywords

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