

## Internal Medicine Coding Alert

### You Be the Coder: Biofeedback

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

**Question:** Our internist is considering using biofeedback techniques in treating fecal incontinence. Is this reimbursable, and, if so, how should I code for it?

California Subscriber

**Answer:** Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient to receive muscle re-education for specific muscle groups. It may also be used for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm or weakness when more conventional treatments (e.g., heat, cold, massage, exercise and/or support) have failed.

Report biofeedback using 90901 (biofeedback training by any modality) and 90911 (biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry). These services may involve electromyographic (EMG) techniques to detect and record muscle activity. Because 90901 and 90911 include EMG services, 95860-95872 (EMG) should not be billed with biofeedback services.

Bill EMG codes 95860-95872 only when a physician performs the procedure as a separate, medically necessary service for the diagnosis of organic muscle dysfunction. Electrical nerve stimulation (97014, application of a modality to one or more areas; electrical stimulation [unattended], and 97112, therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception) during biofeedback is part of the therapeutic session and also is not separately reimbursable. Payment may not be made for biofeedback services and/or procedures to the extent that they exceed the indicated frequency and are accepted as standard medical practice and appropriate care for the patient's condition.

Diagnoses that support medical necessity for biofeedback include:

599.82 -- intrinsic (urethral) sphincter deficiency [ISD] (02/27/98)  
625.6 -- stress incontinence, female  
728.2 -- muscular wasting  
787.6 -- incontinence of feces  
788.30 -- urinary incontinence, unspecified  
788.32 -- stress incontinence, male  
788.33 -- mixed incontinence, (male) (female)  
V48.3 -- mechanical and motor problems with neck and trunk  
V49.2 -- motor problems with limbs

Documentation submitted with the claim (and the claim itself) should include one of these allowable diagnoses. Claims submitted without such evidence will be denied as not medically necessary.

Until there is further clarification about when 90901 and 90911 are appropriate, who can use them and how they will be reimbursed, practitioners should consult the insurance company involved as well as their state regulations concerning biofeedback and psychotherapy.

