

Eli's Rehab Report

Reader Questions: Bust Through Your Biofeedback Billing Troubles

Question: We do biofeedback in our clinic for patients with pelvic pain and urinary incontinence. We've been billing it under CPT code 90911 (Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry) and have received denials from several payers who say they consider this treatment "experimental." Do you know of any other ways we can ethically bill this procedure? I know that some insurance companies do cover biofeedback now.

-- Oregon Subscriber

Answer: Many insurance companies do cover biofeedback -- and it generally pays better than ther-ex or neuromuscular re-education. Medicare also covers biofeedback for urinary incontinence with certain stipulations. For example, you must show in your documentation that you've already tried an exercise program that didn't produce results.

If you aren't having luck billing 90911, try billing 97112 (neuromuscular re-education) and/or 97110 (therapeutic exercise). With proper documentation, these are accurate codes since biofeedback is a tool that assists therapists with motor control during neuromuscular re-education and therapeutic exercise. The therapist or assistant should choose the CPT code(s) that best describes the intent of the treatment. Just be sure that the therapist is present and involved in skilled therapy for the time billed.

-- Reader questions were answered by **Rick Gawenda, PT**, director of PM&R at Detroit Receiving Hospital and owner of Gawenda Seminars.