

# **LCD for Biofeedback Therapy (L26686)**

## **Contractor Information**

### **Contractor Name**

Wisconsin Physicians Service Insurance Corporation

### **Contractor Number**

05102, 05202, 05302, 05402

### **Contractor Type**

MAC - Part B

## **LCD Information**

### **LCD ID Number**

L26686

### **LCD Title**

Biofeedback Therapy

### **Contractor's Determination Number**

PHYS-566

### **AMA CPT / ADA CDT Copyright Statement**

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### **CMS National Coverage Policy**

Title XVIII of the Social Security Act, section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, section 1862(a)(7) excludes routine physical examinations and screening tests performed in the absence of signs and symptoms from coverage.

Medicare Carriers Manual section 2300, which discusses coverage and limitations.

### **Oversight Region**

Region I  
Region X

**Original Determination Effective Date**

For services performed on or after 02/01/2008

**Original Determination Ending Date****Revision Effective Date**

For services performed on or after 08/01/2009

**Revision Ending Date****Indications and Limitations of Coverage and/or Medical Necessity**

Biofeedback Therapy:

1. Biofeedback is allowed for certain indications listed in this policy, when the treatment is medically necessary and conventional treatments, such as heat, cold, massage, exercise and support have been unsuccessful and the condition is incapacitating.

\*2. Biofeedback therapy is covered under Medicare, in the outpatient setting, only when it is reasonable and necessary for the individual patient for:

- muscle re-education of specific muscle groups;
- the treatment of incapacitating muscle spasm, or weakness when conventional treatments have failed;
- the treatment of painful spasticity; and
- the treatment of stress and/or urge incontinence in cognitively intact patients who have failed a documented trial of pelvic muscle exercise (PME) training.

For the purposes of this policy, a trial of PME has failed if no clinically significant improvement has occurred after the completion of an ordered plan of pelvic muscle exercises designed to increase periurethral muscle strength of four weeks or greater duration.

3. Allowed treatment frequency is not unlimited. In all instances, medical necessity acceptable to the carrier must be demonstrated for the number of services provided.

\*4. Claims with diagnosis not on this LCD may be resubmitted for review with a letter stating the individual beneficiary's medical need of biofeedback therapy.

**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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.**

### **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 policy 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 policy should be assumed to apply equally to all Revenue Codes.**

### **CPT/HCPCS Codes**

This policy does not take precedence over the Correct Coding Initiative (CCI). Consult current correct coding guidelines for applicable specific code combinations or reductions in payment due to specific codes billed. The following short descriptors are in accordance with the AMA copyright agreement. Please refer to the current CPT book for full descriptions.

90901	BIOFEEDBACK TRAINING BY ANY MODALITY
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY

### **ICD-9 Codes that Support Medical Necessity**

342.00	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.01	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.02	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.10	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.11	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.12	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.80	OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE

342.81	OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.82	OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.90	UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.91	UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.92	UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
344.1	PARAPLEGIA
599.82	INTRINSIC (URETHRAL) SPHINCTER DEFICIENCY [ISD]
618.83	PELVIC MUSCLE WASTING
625.6	STRESS INCONTINENCE FEMALE
728.2	MUSCULAR WASTING AND DISUSE ATROPHY NOT ELSEWHERE CLASSIFIED
728.87	MUSCLE WEAKNESS (GENERALIZED)
787.6	INCONTINENCE OF FECES
788.30	URINARY INCONTINENCE UNSPECIFIED
788.31	URGE INCONTINENCE
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
*CPT code 90911 Biofeedback training anorectal, including EMG and/or manometry	
564.01	SLOW TRANSIT CONSTIPATION
564.02	OUTLET DYSFUNCTION CONSTIPATION
564.6	ANAL SPASM
596.55	DETRUSOR SPHINCTER DYSSYNERGIA
787.6	INCONTINENCE OF FECES

**Diagnoses that Support Medical Necessity**

**ICD-9 Codes that DO NOT Support Medical Necessity**

## **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

### **Diagnoses that DO NOT Support Medical Necessity**

#### **General Information**

##### **Documentation Requirements**

1. Office or inpatient or outpatient records should clearly document the reason for the procedure, what was done, expected results and the need for the frequency that was provided.
2. This information should be available and generally submitted on reconsideration.
3. Documentation supporting the medical necessity of this item, such as ICD-9-CM codes (or a narrative description), must be submitted with each claim. Claims submitted without such evidence will be denied as being not medically necessary.

##### **Appendices**

##### **Utilization Guidelines**

Payment may not be made for services and/or procedures that exceed the frequency that is indicated for the patient's condition.

##### **Sources of Information and Basis for Decision**

WPS has consolidated the existing LCDs for MAC Jurisdiction 5 according to the instructions provided by CMS so that they are the same throughout the jurisdiction. In the vast majority of cases, one least restrictive LCD was selected as the jurisdictional LCD. In some cases, appropriate revisions, such as combining sections of LCDs that only addressed a portion of a general topic into a single, more complete document, were made to improve the clinical appropriateness of the LCD while keeping with the least restrictive requirement.

In situations where one or more of the states in the jurisdiction does not have an LCD on a topic, then the existing LCDs were reviewed and, based on the merits of the LCD, a decision was made to make the LCD jurisdictional or to have no LCD on that topic with the approval of CMS.

Some revisions of the existing LCDs were necessary to remove references to the former contractor and to update the Sources of Information and Basis for Decision. CPT, HCPCS and ICD-9 codes will be updated as necessary.

According to the J5 MAC contract, the J5 consolidated LCDs are posted on the web site for the 45 day final notification period prior to the policy implementation date. The MAC contractor is not required to utilize the formal notice and comment revision process specified in Chapter 13 of the Program Integrity Manual (PIM) until the consolidation process is final. However, WPS welcomes provider input regarding the J5 consolidated LCDs. Based on the comments received, LCDs will be revised as necessary during the transition from the existing to new contractor.

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in consideration of the active LCDs maintained by the preceding Medicare contractors for Jurisdiction 5.

CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations, section 30.1.

### **Advisory Committee Meeting Notes**

#### **Start Date of Comment Period**

#### **End Date of Comment Period**

#### **Start Date of Notice Period**

06/01/2009

#### **Revision History Number**

3

#### **Revision History Explanation**

07/30/2009: Restored accidental removal of contract number 05392 (WPS Part B MAC Eastern Missouri), effective 06/01/08. Correctly removed contract number 05392 effective 8/1/2009, as it is being combined with contractor number 05302 (WPS Part B MAC Missouri - Entire State.)

06/29/09 Removed contractor 05392 as it is combining with WMO as one contractor number effective 8/1/09  
bw

06/01/2009, added ICD-9 codes 564.01, 564.02, and 596.55 with an effective date of 06/01/2008;

added Missouri Eastern

#### **Reason for Change**

#### **Last Reviewed On Date**

06/01/2009

#### **Related Documents**

This LCD has no Related Documents.

## **LCD Attachments**

There are no attachments for this LCD.

### **All Versions**

Updated on 07/30/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 06/01/2008 - 07/31/2009

Updated on 07/17/2009 with effective dates 06/01/2008 - N/A

Updated on 05/22/2009 with effective dates 06/01/2008 - N/A

Updated on 05/22/2008 with effective dates 03/01/2008 - 05/31/2008

Updated on 03/28/2008 with effective dates 03/01/2008 - N/A

Updated on 03/07/2008 with effective dates 03/01/2008 - N/A

Updated on 01/22/2008 with effective dates 02/01/2008 - 02/29/2008

Updated on 12/06/2007 with effective dates 02/01/2008 - N/A