

Biofeedback Services to Be a Benefit of the CSHCN Services Program

Information posted February 11, 2011

Effective for dates of service on or after April, 1, 2011, biofeedback services will be a benefit of the Children with Special Health Care Needs (CSHCN) Services Program.

Biofeedback is a form of therapy in which physiologic activity is monitored, amplified, and conveyed by visual or acoustic signals.

The CSHCN Services Program will reimburse biofeedback services for clients who are 4 years of age and older for the following conditions:

- Urinary incontinence
- Fecal incontinence

Biofeedback services will be reimbursed using procedure codes 90901 and 90911 to physicians in the office or outpatient setting. Procedure codes 90901 and 90911 will be limited to a maximum of 18 sessions rendered by any provider for the lifetime of each client for each condition.

The physician must provide correct and complete information, including documentation establishing medical necessity of the service requested, which must remain in the client's medical record. Documentation may be subject to retrospective review.

Biofeedback Certification

A staff member who is certified by Biofeedback Certification International Alliance (BCIA) must perform biofeedback services.

The certification types that may be accepted for performing urinary and fecal incontinence biofeedback are the following:

- General biofeedback certification (BCB)
- Pelvic muscle dysfunction biofeedback certification (BCB-PMD)

The prescribing physician must maintain in the office a record of the certification of the staff member(s) who perform biofeedback.

Prior Authorization Requirements

Prior authorization is required for biofeedback services. The initial request for services may be considered for up to 12 visits for a period not to exceed a total duration of 12 weeks. Documentation of the following must be submitted for consideration of prior authorization:

- Failure of pharmacotherapy and behavioral training.
- Evidence of dyssynergic or nonrelaxing detrusor/voluntary sphincter activity based on urodynamic evaluation to include urinary flow testing and complex cystometry.
- Agreement by the client actively to participate in the biofeedback sessions.
- Diagnosis of fecal, stress, urge, overflow, or a mix of stress and urge incontinence.

- Medical records that indicate that the physician has excluded any underlying medical conditions that could be causing the problem.
- For clients who are 21 years of age and older with a diagnosis of stress, urge, overflow, or a mix of stress and urge incontinence, the medical records must indicate failed pelvic muscle exercise (PME) service.

Note: A failed trial of PME training is defined as no clinically significant improvement in urinary incontinence after completing four weeks of PME exercises.

After the client completes the initial biofeedback treatment course, prior authorization may be considered for a total of six follow-up sessions not to exceed three sessions per week and total duration not to exceed eight weeks. Prior authorization documentation submitted must be for the same condition as the original request and must include each original symptom, and how the symptom has objectively improved. Documentation of the following may include, but is not limited to, the following:

- For urinary incontinence, the biofeedback therapy should result in improvement of continence scores. There should be a decrease in high-grade stress incontinence, nocturnal enuresis, and loss of urine during activity. For clients who are 21 years of age and older, the pelvic floor muscle contraction strength should improve with the ability to hold the contractions longer and to increase repetitions.
- For fecal incontinence, the biofeedback therapy should result in improvement of continence scores. Squeeze and anal pressures, squeeze duration, and for clients who are 21 years of age and older, pelvic floor muscle contraction strength should show improvement.

Prior authorization requests for biofeedback services must be submitted on the CSHCN Services Program Request for Authorization and Prior Authorization Request Form.

This form may be submitted by fax to 512-514-4222 or by mail to the following address:

TMHP-CSHCN Services Program Authorization Department
12357-B Riata Trace Parkway
Austin, TX 78727

Reimbursement Limitations

Procedure codes 90901 and 90911 will be limited to one service per day, for each date of service, by any provider, to include all modalities of the services performed during a specific session regardless of the number of modalities performed.

Any device used during a biofeedback session is considered part of the procedure and will not be reimbursed separately.

Procedure code 90901 will be denied if a claim is submitted for the same date of service, by the same provider as procedure code 90911.

Noncovered Services

Neurofeedback, such as, but not limited to, electroencephalography (EEG) biofeedback, is not a benefit of the CSHCN Services Program.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.