

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Biofeedback

January 1, 2008
Updated October 1, 2008

BIOFEEDBACK

Biofeedback therapy is a type of behavioral technique by which information about a normally unconscious physiologic process is presented to the patient and is demonstrated by a signal to educate the patient for an optimal muscle response.

ORIGINAL MEDICARE

Biofeedback therapy is covered under Original Medicare only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness; and more conventional treatments (heat, cold, massage, exercise, support) have not been successful. This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions.¹

MEDICARE ADVANTAGE

Coverage for additional biofeedback benefits is provided to the State of Michigan retirees under Medicare Advantage private fee-for-service plan. The additional benefits allow coverage for diagnoses related to mental disease and biofeedback services performed by a clinical psychologist. The member's cost-sharing is determined by the group.

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed provider ²concept for group specific benefits. The table below specifies payment conditions for biofeedback.

Conditions For Payment	
Eligible providers	Independent physical therapist, M.D., D.O., all specialties, practitioners, (Clinical Psychologist for SOM only)
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	Outpatient hospital, office
Frequency	No limitations
CPT codes	90901, 90911

¹ CMS National Coverage Determinations publication 100-03, chapter 1, part 1, section 30.1

² 2008 Terms and conditions

Conditions For Payment	
Diagnosis restrictions	290.0, 290.10-290.13, 290.20 & 290.21, 290.3, 290.40-290.43, 290.8-291.5, 291.8, 291.81-291.82, 291.89, 291.9, 292.0, 292.11, 292.12, 292.2, 292.81-292.85, 292.89, 292.9-293.1, 293.81-293.84, 293.89, 293.9-294.1, 294.10, 294.11, 294.8, 294.9, 295.00-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.85, 295.90-295.95, 296.00-296.06, 296.10-296.16, 296.20-296.26, 296.30-296.36, 296.40-296.46, 296.50-296.56, 296.60-296.66, 296.7, 296.80-296.82, 296.89, 296.90, 296.99, 297.0-297.3, 297.8-298.4, 298.8, 298.9, 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91, 300.00-300.02, 300.09-300.16, 300.19-300.23, 300.29, 300.3-300.7, 300.81, 300.82, 300.89, 300.9, 301.0, 301.10-301.13, 301.20-301.22, 301.3, 301.4, 301.50, 301.51, 301.59, 301.6, 301.7, 301.81-301.84, 301.89, 301.9-302.4, 302.50-302.53, 302.6, 302.70-302.76, 302.79, 302.81-302.85, 302.89, 302.9, 303.00-303.03, 303.90-303.93, 304.00-304.03, 304.10-304.13, 304.20-304.23, 304.30-304.33, 304.40-304.43, 304.50-304.53, 304.60-304.63, 304.70-304.73, 304.80-304.83, 304.90-304.93, 305.00-305.03, 305.1, 305.20-305.23, 305.30-305.33, 305.40-305.43, 305.50-305.53, 305.60-305.63, 305.70-305.73, 305.80-305.83, 305.90-305.93, 306.0-306.4, 306.50-306.53, 306.59, 306.6-307.1, 307.20-307.23, 307.3, 307.40-307.54, 307.59, 307.6, 307.7, 307.80, 307.81, 307.89, 307.9-308.4, 308.9-309.1, 309.21-309.24, 309.28, 309.29, 309.3, 309.4, 309.81-309.83, 309.89, 309.9-310.2, 310.8, 310.9, 311., 312.00-312.03, 312.10-312.13, 312.20-312.23, 312.30-312.35, 312.39, 312.4, 312.8, 312.81, 312.82, 312.89, 312.9-313.1, 313.21-313.23, 313.3, 313.81-313.83, 313.89, 313.9, 314.00, 314.01, 314.1, 314.2, 314.8, 314.9, 315.00-315.02, 315.09, 315.1, 315.2, 315.31, 315.32, 315.39, 315.4, 315.5, 315.8, 315.9, 316., 317., 318.0-318.2, 319., 564.6, 625.6, 787.6, 788.31, 788.32, 788.33
Age Restrictions	No Restrictions

Reimbursement

The maximum payment amount for biofeedback is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowable amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies members with coverage for biofeedback:

Member Cost-Sharing Responsibilities								
Group Name and Number	Annual Deductible		Coinsurance Professional Claim				Out-of-Pocket Maximum	
			When Diagnosis is not related to mental disease		When Diagnosis is related to mental disease			
	2007	2008	2007	2008	2007	2008	2007	2008
State of MI Retirees ³ 81820, 81821, 81828	No MA PFFS Plan	\$200 when diagnosis is <u>not</u> related to mental disease	No MA PFFS Plan	Does not apply	No MA PFFS Plan	10%	No MA PFFS Plan	\$1000 when diagnosis is related to mental disease.

Billing Instructions

1. Bill services on the CMS 1500 (8/05) claim form, or 837 equivalent claim.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report the National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at:
http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.

³ State of Michigan Retirees Benefit grid