## 90901

**90901** is not a ZIP code, it's a CPT code. This is the code insurance companies use to decide whether or not to pay for services rendered. This particular CPT code is for biofeedback services. The good news is that any biofeedback professional may bill any insurance company for payment for biofeedback services rendered under this CPT code 90901. The bad news is most insurance companies will decline payment for your services under CPT 90901. (If you didn't know, most insurance companies don't like to pay if they can avoid it.)

Billing also depends on the device and the insurance guidelines (and the case manager) of the carrier whether you may invoice or not. All companies use a CPT billing code. Many insurance companies have (long) lists of excluded services, and the biofeedback codes are often on these lists. In other cases, the procedure codes will only be paid if the diagnosis code is from a list of covered conditions.

There is a relatively small set of procedural codes for biofeedback. There are two pure biofeedback codes, 90901 and 90911. Medicare will pay for CPT codes 90901 and 90911 when specific criteria are met. Medicare does not reimburse for 90876. Under Medicare guidelines, biofeedback training for muscular pain or weakness may be eligible for payment. Each carrier will have a list of eligible diagnoses and you would have to check to see what conditions are eligible for your local carrier and whether you can be reimbursed as a provider.

There are several things you can do about billing insurance companies before that happens:

- 1. Never invoice insurance companies. Instead give your client a receipt for relaxation training to manage stress or muscle re-education to manage pain, and let your client contact the insurance company for reimbursement. Make your agreement for payment with your client and offer to give them a receipt for reimbursement purposes. You may need to speak with their insurance company or employer regarding your services if you use this option. But if you approach this conversation professionally, you won't need to be concerned.
- 2. Contact the insurance company in advance and ask for approval to use biofeedback for either relaxation to manage stress or muscle re-education to manage pain. If they want to know what CPT code you plan to use, tell them you usually use CPT 90901, but you're willing to use any code they prefer. If they give you a new code, ask them what that code is for. (You don't want to use any code assigned to only licensed providers.) If the insurance company declines to give their approval, try the next approach.
- Ask your client if you can contact the medical doctor or chiropractor handling their health care to see if that licensed professional would supervise you during your client's sessions. If your client agrees, you can contact your client's doctor

- regarding this issue. For several good suggestions regarding how to do this and what to say, see http://(wherever you decide to put the Medical Biofeedback papers that form a part of this series)
- 4. Better yet, identify any holistic medical or chiropractic practitioners in your area and use the NTCB Medical Biofeedback Project for suggestions on how to contact these professionals to supervise you while working with their clients. The doctor prescribes your intervention, invoices the insurance company under their CPT therapy codes and pays you for services rendered. You may have to contract with the doctor for a lower price than you usually charge, but the increased numbers may make this a viable source of income for you to do what you love to do.

The 90901 CPT Code allows you to invoice insurance companies for biofeedback services rendered. But the insurance company makes the final decision as to whether they will pay you or not. Knowing this, you have several options to consider should you decide to work with insurance companies. Find the option that works best for you or avoid the insurance issue completely.