

## **CPT Code Project** **Where it started and where it is now**

### **Update through August, 2019**

- 1998 - CPT code 90901 is established as "biofeedback by any modality". This combined multiple biofeedback codes (including EEG biofeedback) into a single code.
  
- 2016 - An application to update current neurofeedback codes, making them CAT III was submitted. This application was postponed, meaning no vote was taken.
  
- 2016 - Efforts to better understand the process of the AMA CPT Code Editorial panel are undertaken by having representatives attending their meetings 3 times a year.
  
- 2017 - Representatives continued to attend the AMA CPT Code Editorial meetings.
  
- 2018 - Representatives continued to attend the AMA CPT Code Editorial Panel meetings. An application for CAT I and CAT III codes for biofeedback and neurofeedback was submitted for the for the February, 2019 meeting.
  
- 2019 - Representatives attended the February 2019 meeting, where a completed application was being considered as a proposal regarding new codes for both neurofeedback and biofeedback services. This application was withdrawn so that necessary changes could be made. There is a code change application presently being worked on to improve the application in hopes of approval when it is next submitted.

If a code change proposal for biofeedback and neurofeedback codes is approved, the next step in the process is to present to RUC. RUC is a committee that reviews various aspects of delivering these services and assigns a "Relative Value". This value, in Relative Value Units (RVUs) is then used by Medicare to establish reimbursement rates. It is also used as a guideline by the private insurance industry regarding establishing or changing their reimbursement rates.

Steps are being taken by ISNR, AAPB, and BCIA to form a collaborative and petition for inclusion in the HCPAC that officially advises the AMA CPT Editorial Panel on code change applications. The HCPAC group is made up of the members of the Panel who are not physicians, but are licensed professionals who deliver various types of health care such as psychologists, nurses, physical therapists, etc. Some of the work this collaborative will be tasked with will be,

keeping the CPT coding current, practice management, state scope of practice issues, and insurance reimbursement.

This collaborative will have it's own Board of Directors. ISNR, AAPB and BCIA Boards are all asked, as founding members of this new organization, to consider an individual from each group to be suggested as a Board member. To be eligible, these individuals may not have any ownership of or work for any device manufactures that produce hardware or software for neurofeedback or biofeedback services. They must be a state licensed/certified practitioner who is employed as a healthcare professional/ physician or self employed as such. We would appreciate hearing from the respective Boards by the end of August so that the first Board meeting can be scheduled for September.