



**EFFECTIVE DATE:** 01|01|2001  
**POLICY LAST UPDATED:** 03|05|2020

## OVERVIEW

Biofeedback is a technique intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control.

## MEDICAL CRITERIA

### BlueCHiP for Medicare

Biofeedback is covered as medically necessary:

- For the treatment of stress and/or urge incontinence when there is evidence that the pelvic floor musculature is intact, and any of the following:
  - Muscle re-education of specific muscle groups;
  - Treatment of pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have been unsuccessful;
  - Treatment of stress and/or urge incontinence in cognitively intact patients who failed a documented trial of pelvic muscle exercise (PME) training. (A failed trial of PME training is defined as no clinically significant improvement in urinary continence after completing 4 or more weeks of an ordered plan of PME designed to increase periurethral muscle strength). Medicare will allow biofeedback as an initial incontinence treatment modality only when, in the opinion of the physician, that approach is most appropriate and there is documentation of medical justification and rationale for why a PME trial was not attempted first.

### Commercial Products

Not applicable

## PRIOR AUTHORIZATION

### BlueCHiP for Medicare

Prior authorization is required.

### Commercial Products

Not applicable

## POLICY STATEMENT

### BlueCHiP for Medicare

Biofeedback is a covered service when the above medical criteria are met.

Biofeedback is considered not medically necessary in the treatment of ordinary muscle tension states, or for psychosomatic conditions, for home use, and for all other conditions not listed above.

### Commercial Products

Biofeedback is a contract exclusion/non-covered service.

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable medical benefits/coverage or for limitations of benefits/coverage when services are not medically necessary.

## BACKGROUND

Biofeedback is a technique intended to teach patients self-regulation of certain unconscious or involuntary physiologic processes. The technique involves the feedback of a variety of types of information not normally available to the patient, followed by a concerted effort on the part of the patient to use this feedback to help alter the physiological process in some specific way. Biofeedback has been proposed as a treatment for a variety of diseases and disorders including anxiety, headache (migraine and tension), hypertension, incontinence (fecal and urinary), and movement disorders, pain, Raynaud's disease, asthma, and insomnia.

Biofeedback therapy provides visual, auditory, or other evidence of the status of certain body functions (like heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone) so that voluntary control can be exerted over these functions, alleviating the abnormal bodily condition. Biofeedback techniques include peripheral skin temperature feedback, blood-volume-pulse feedback (vasoconstriction and dilation), vasoconstriction training (temporalis artery), and EMG biofeedback; these may be used alone or in conjunction with other therapies (e.g., relaxation, behavioral management, medication).

The type of feedback used in an intervention (e.g., visual, auditory) depends on the nature of the disease or disorder under treatment, the biological variable that the subject is attempting to control, and the information that is fed back to the subject. For example, for tension headaches, electromyographic (EMG) measurement of muscular contraction is used. For migraine headaches, EMG measuring contraction of the frontalis muscle and skin temperature feedback data are used. In hypertension, blood pressure is monitored and the data reported back to the patients. For fecal and urinary incontinence, EMG data are used. In addition, data from anorectal pressure studies are used for fecal incontinence. For movement disorders, pain, and insomnia, EMG measurements are used, and thermal feedback of skin temperature would be used for Raynaud's disease.

### BlueCHiP for Medicare

Biofeedback therapy has proven successful for urinary incontinence when all three of the following conditions exist:

- The patient is capable of participation in the plan of care;
- The patient is motivated to actively participate in the plan of care, including being responsive to the care requirements (e.g., practice and follow-through by self or caregiver); and
- The patient's condition is appropriately treated with biofeedback (e.g., pathology does not exist preventing success of treatment).

Patients not showing improvement after 5–6 visits of retraining with biofeedback are not likely to improve with additional sessions. Additional documentation would be necessary to justify biofeedback services beyond 5–6 visits.

## CODING

The following codes require preauthorization for BlueCHiP for Medicare and are a contract exclusion for Commercial products:

**90901** Biofeedback training by any modality

**90911** Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry (deleted as of 12|31|2019)

- 90912 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including electromyography (EMG) and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
- 90913 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)

### **BlueCHiP for Medicare and Commercial Products**

The following codes are non-covered:

- 90875** Individual psychophysiological therapy incorporating biofeedback training by any modality (face to face with the patient), with psychotherapy (e.g., insight oriented behavior modifying, or supportive psychotherapy) approximately 20-30 minutes
- 90876** Individual psychophysiological therapy incorporating biofeedback training by any modality (face to face with the patient), with psychotherapy (e.g., insight oriented behavior modifying, or supportive psychotherapy); approximately 45-60 minutes
- E0746** Electromyography (EMG), biofeedback device

### **RELATED POLICIES**

None

### **PUBLISHED**

- Provider Update, May 2020
- Provider Update, October 2019
- Provider Update, February 2019
- Provider Update, November 2017
- Provider Update, September 2016
- Provider Update, February 2016
- Provider Update, August 2013

### **REFERENCES**

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Biofeedback Therapy (30.1)
2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1)
3. National Government Services, Inc.. Local Coverage Determination (LCD) for Outpatient Physical and Occupational Therapy Services (L33631)
4. Palermo TM, Eccleston C, Lewandowski AS, et al. Randomized controlled trials of psychological therapies for management of chronic pain in children and adolescents: an updated meta-analytic review. *Pain*. Mar 2010;148(3):387-397. PMID 19910118
5. Henschke N OR, van Tulder MW et al. . Behavioural treatment for chronic low-back pain. *Cochrane Database Syst Rev*. 2010(7):CD002014.
6. Tan G, Rintala DH, Jensen MP, et al. A randomized controlled trial of hypnosis compared with biofeedback for adults with chronic low back pain. *Eur J Pain*. Feb 2015;19(2):271-280. PMID 24934738
7. Neurofeedback and Biofeedback for Mood and Anxiety Disorders: A Review of the Clinical Evidence and Guidelines - An Update. Ottawa ON: 2014 Canadian Agency for Drugs and Technologies in Health; 2014.
8. Enck P, Van der Voort IR, Klosterhalfen S. Biofeedback therapy in fecal incontinence and constipation. *Neurogastroenterol Motil*. 2009;21(11):1133-1141.
9. Vonthein R, Heimerl T, Schwandner T, et al. Electrical stimulation and biofeedback for the treatment of fecal incontinence: a systematic review. *Int J Colorectal Dis*. Nov 2013;28(11):1567-1577. PMID 23900652

10. Shamliyan T, Wyman J, Kane RL, et al. Nonsurgical Treatments for Urinary Incontinence in Adult Women: Diagnosis and Comparative Effectiveness. Comparative Effectiveness Review No. 36. (Prepared by the University of Minnesota Evidence-based Practice Center under Contract No. HHS 290-2007-10064-I). 2012; [http://effectivehealthcare.ahrq.gov/ehc/products/169/834/CER36\\_UrinaryIncontinence\\_FinalReport\\_20120517.pdf](http://effectivehealthcare.ahrq.gov/ehc/products/169/834/CER36_UrinaryIncontinence_FinalReport_20120517.pdf). Accessed April, 2015.
11. Herderschee R, Hay-Smith EJ, Herbison GP, et al. Feedback or biofeedback to augment pelvic floor muscle training for urinary incontinence in women. *Cochrane Database Syst Rev.* 2011(7):CD009252. PMID 21735442
12. Mann JD, Coeytaux RR. Migraine and tension-type headache. In: Rakel D, ed. *Integrative Medicine*, 2nd edition. Philadelphia: Saunders Elsevier; 2007.
13. Nestoriuc Y, Martin A. Efficacy of biofeedback for migraine: a meta-analysis. *Pain.* Mar 2007;128(1-2):111-127. PMID 17084028

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

