



EFFECTIVE DATE: 04|01|2025

POLICY LAST REVIEWED: 01|08|2025

OVERVIEW

Biofeedback is a technique to teach patients self-regulation of physiologic processes not generally considered to be under voluntary control; a variety of approaches and devices are available. Biofeedback, in conjunction with pelvic floor muscle training, is proposed as a treatment of urinary incontinence.

MEDICAL CRITERIA

Medicare Advantage Plans

Blue Cross & Blue Shield of Rhode Island (BCBSRI) follows the medical necessity criteria from Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations (NCD/LCD). Please use the online tool for participating providers. See the Related Policies section,

Commercial Products

Not applicable

PRIOR AUTHORIZATION

Medicare Advantage Plans

Prior authorization for Biofeedback is required for Medicare Advantage Plans only and is obtained via the online tool for participating providers.

Blue Cross & Blue Shield of Rhode Island (BCBSRI) follows the medical necessity criteria from Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations (NCD/LCD). Please use the online tool for participating providers. See the Related Policies section.

Commercial Products

Not applicable

POLICY STATEMENT

Medicare Advantage Plans

Biofeedback may be considered medically necessary when the medical criteria are met in the web-based tool.

Note: Blue Cross & Blue Shield of Rhode Island (BCBSRI) must follow Centers for Medicare and Medicaid Services (CMS) guidelines, such as national coverage determinations or local coverage determinations for all Medicare Advantage Plans policies. Therefore, Medicare Advantage Plans policies may differ from Commercial products. In some instances, benefits for Medicare Advantage Plans may be greater than what is allowed by the CMS.

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 intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control. The technique involves feedback on a variety of types of information not commonly available to the patient, followed by a concerted effort on the part of the patient to use this feedback to help alter the physiologic process in some specific way. Biofeedback has been proposed as a treatment for a variety of diseases and disorders, including anxiety, headaches, hypertension, movement disorders, incontinence, pain, asthma, Raynaud disease, and insomnia. Biofeedback training is done either in individual or group sessions and as a single therapy or in combination with other therapies designed to teach relaxation. A typical program consists of 10 to 20 training sessions of 30 minutes each. Training sessions are performed in a quiet, non-arousing environment. Subjects are instructed to use mental techniques to affect the physiologic variable monitored, and feedback is provided for the successful alteration of the physiologic parameter. This feedback may be in the form of signals, such as lights or tone, verbal praise, or other auditory or visual stimuli.

Biofeedback, in conjunction with pelvic floor muscle training, is a possible treatment modality for stress, urge, mixed, and overflow urinary incontinence because it may enhance awareness of body functions and the learning of exercises to train pelvic muscles. Several proposed biofeedback methods may be employed to treat urinary incontinence, including vaginal cones or weights, perineometers, and electromyographic systems with vaginal and rectal sensors.

The various forms of biofeedback mainly differ in the nature of the disease or disorder under treatment, the biologic variable that the subject attempts to control, and the information that is fed back to the subject. Biofeedback techniques include peripheral skin temperature feedback, blood-volume-pulse feedback (vasoconstriction and dilation), vasoconstriction training (temporalis artery), and electromyographic biofeedback; they may be used alone or in conjunction with other therapies (eg, relaxation, behavioral management, medication).

Medicare Advantage Plans

Biofeedback therapy has proven successful for urinary incontinence when all three (3) 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

Medicare Advantage Plans

The following code(s) require preauthorization for Medicare Advantage Plans and may be considered medically necessary when the medical criteria in the web-based tool have been met:

- 90875** Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
- 90876** Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
- 90901** Biofeedback training by any modality
- 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)
- E0746** Electromyography (EMG), biofeedback device

Commercial Products

The following code(s) are non-covered and are considered a contract exclusion for Commercial Products:

- 90875** Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
- 90876** Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
- 90901** Biofeedback training by any modality
- 90912** Biofeedback training, perineal muscles, anorectal or urethral sphincter, including 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)
- E0746** Electromyography (EMG), biofeedback device

RELATED POLICIES

Prior Authorization via Web-Based Tool for Procedures
Medicare Advantage Plans National and Local Coverage Determinations

PUBLISHED

Provider Update, February 2025
Provider Update, January 2024
Provider Update, October 2023
Provider Update, April 2022
Provider Update, May 2021

REFERENCES

- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Biofeedback Therapy (30.1)
- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1)
- National Government Services, Inc. Local Coverage Determination (LCD) for Outpatient Physical and Occupational Therapy Services (L33631)
- National Government Services, Inc. Article - Billing and Coding: Outpatient Physical and Occupational Therapy Services (A56566)
- National Government Services, Inc. Article - Billing and Coding: Psychiatry and Psychology Services (A56937)
- Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Biofeedback. TEC Assessments.1995;Volume 10:Tab 25.
- Burgio KL, Goode PS, Locher JL, et al. Behavioral training with and without biofeedback in the treatment of urgeincontinence in older women: a randomized controlled trial. JAMA. Nov 13 2002; 288(18): 2293-9. PMID 12425706
- Muscle strength. Physiopedia. Accessed June 23,2023.
- Pelvic muscle function and strength. Physiopedia. Accessed June 23,2023.

10. Zhu D, Xia Z, Yang Z. Effectiveness of physiotherapy for lower urinary tract symptoms in postpartum women: systematic review and meta-analysis. *Int Urogynecol J*. Mar 2022; 33(3): 507-521. PMID 34302516
11. Wu X, Zheng X, Yi X, et al. Electromyographic Biofeedback for Stress Urinary Incontinence or Pelvic Floor Dysfunction in Women: A Systematic Review and Meta-Analysis. *Adv Ther*. Aug 2021; 38(8): 4163-4177. PMID 34176082
12. Mateus-Vasconcelos ECL, Ribeiro AM, Antônio FI, et al. Physiotherapy methods to facilitate pelvic floor muscle contraction: A systematic review. *Physiother Theory Pract*. Jun 2018; 34(6): 420-432. PMID 29278967
13. Laycock J, Jerwood D. Pelvic floor muscle assessment: the PERFECT scheme. *Physiotherapy*. 2001;87(12):631-642. Accessed June 23, 2023. <https://www.sciencedirect.com/science/article/abs/pii/S003194060561108X>
14. Moroni RM, Magnani PS, Haddad JM, et al. Conservative Treatment of Stress Urinary Incontinence: A Systematic Review with Meta-analysis of Randomized Controlled Trials. *Rev Bras Ginecol Obstet*. Feb 2016; 38(2): 97-111. PMID 26883864
15. 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*. Rockville, MD: Agency for Healthcare Research and Quality; 2012.
16. 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*. Jul 06 2011; (7): CD009252. PMID 21735442
17. Hagen S, Elders A, Stratton S, et al. Effectiveness of pelvic floor muscle training with and without electromyographic biofeedback for urinary incontinence in women: multicentre randomised controlled trial. *BMJ*. Oct 14 2020; 371: m3719. PMID 33055247
18. Williams KS, Assassa RP, Gillies CL, et al. A randomized controlled trial of the effectiveness of pelvic floor therapies for urodynamic stress and mixed incontinence. *BJU Int*. Nov 2006; 98(5): 1043-50. PMID 17034605
19. Hirakawa T, Suzuki S, Kato K, et al. Randomized controlled trial of pelvic floor muscle training with or without biofeedback for urinary incontinence. *Int Urogynecol J*. Aug 2013; 24(8): 1347-54. PMID 23306768
20. Pereira VS, de Melo MV, Correia GN, et al. Vaginal cone for postmenopausal women with stress urinary incontinence: randomized, controlled trial. *Climacteric*. Feb 2012; 15(1): 45-51. PMID 22066898
21. Bertotto A, Schwartzman R, Uchôa S, et al. Effect of electromyographic biofeedback as an add-on to pelvic floor muscle exercises on neuromuscular outcomes and quality of life in postmenopausal women with stress urinary incontinence: A randomized controlled trial. *Neurourol Urodyn*. Nov 2017; 36(8): 2142-2147. PMID 28508398
22. Özlü A, Yıldız N, Öztekin Ö. Comparison of the efficacy of perineal and intravaginal biofeedback assisted pelvic floor muscle exercises in women with urodynamic stress urinary incontinence. *Neurourol Urodyn*. Nov 2017; 36(8): 2132-2141. PMID 28345778
23. Goode PS, Burgio KL, Johnson TM, et al. Behavioral therapy with or without biofeedback and pelvic floor electrical stimulation for persistent postprostatectomy incontinence: a randomized controlled trial. *JAMA*. Jan 12 2011; 305(2): 151-9. PMID 21224456
24. Hsu LF, Liao YM, Lai FC, et al. Beneficial effects of biofeedback-assisted pelvic floor muscle training in patients with urinary incontinence after radical prostatectomy: A systematic review and metaanalysis. *Int J Nurs Stud*. Aug 2016; 60: 99-111. PMID 27297372

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.

