

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Biofeedback--PREAUTH

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>1/1/1</b>	<b>Policy Last Updated:</b>	<b>5/23/2011</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

Biofeedback is a technique intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control. 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. It uses electrical devices to translate bodily signals which indicate such functions as heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone into a tone or light, which then "feeds back" or displays the extent of activity in the function being measured.

The type of feedback used in an intervention depends on the nature of the disease or disorder under treatment. 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.

## **Medical Criteria:**

### **BlueCHiP for Medicare members only:**

Biofeedback is covered as **medically necessary** for ANY of the following conditions for BlueCHiP for Medicare members only:

- Muscle re-education of specific muscle groups;
- Treatment of muscle abnormalities such as painful spasticity, and incapacitating muscle spasm or weakness, when 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).

The patient must be motivated to actively participate in the treatment plan, including being responsive to the care plan requirements (e.g., practice and follow through at home); be capable of participating in the treatment plan (physically as well as intellectually); and the patient's condition must be one that can be appropriately treated with biofeedback (e.g., pathology does not exist preventing success of the treatment).

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.

### **For all other product lines:**

For all other product lines, biofeedback is considered a **contract exclusion**.

### **Policy:**

Biofeedback is a covered service when the above medical criteria is met for **BlueCHiP for Medicare members only. Prospective medical review is required for BlueCHiP for Medicare members.**

Biofeedback is a **contract exclusion/non-covered service** for all other health plans.

### **Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable medical benefits/coverage.

Note: Biofeedback is covered **for BlueCHiP for Medicare** and is an exclusion ( a non-covered service) for all other health plans.

**Coding :**

Procedure codes are a **contract exclusion/non-covered service** for all other health plans:

**90875 90876 90901**

Procedure code **covered as medically necessary** for **BlueCHiP for Medicare members only**-an exclusion ( a non-covered service) for all other health plans:  
**90911 90901**

HCPCS code considered a **contract exclusion/non-covered service** for all health plans:

**E0746** Electromyography (EMG), biofeedback device

**Also Known As:**

Not applicable.

**Related Topics:**

Not applicable.

**Published:**

Focus on Policy, Feb 1992

*Policy Update*, Oct 2000

*Policy Update*, Jul 2006

*Policy Update*, Jul 2007

*Provider Update*, May 2008

*Provider Update*, May 2009

Provider Update, Jan 2011

Provider Update, Jul 2011

**References:**

American Cancer Society. Biofeedback. Retrieved on 01/26/09 from [www.cancer.org](http://www.cancer.org).

American Cancer Society. American Cancer Society operational Statement on Complementary and Alternative Methods of Cancer Management. Retrieved on 01/26/09 from [www.cancer.org](http://www.cancer.org).

Association for Applied Psychophysiology and Biofeedback. Accessed on 1/26/09:  
<http://www.aapb.org>

Moss, D. and Kirk, L. Evidence-Based Practice in Biofeedback and Neurofeedback. Association for Applied Psychophysiology and Biofeedback. Retrieved on 1/26/09:  
<http://www.aapb.org/files/public/Yucha-Gilbert.pdf>

Ruotsalainen JH, Sellman J, Lehto L, et al. Interventions for treating functional dysphonia in adults. Cochrane Database;2007 Jul 18;(3):CD006373.

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