

Medical Coverage Policy | Biofeedback



EFFECTIVE DATE: 01|01|2001

POLICY LAST UPDATED: 05|21|2013

OVERVIEW

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

PRIOR AUTHORIZATION

Preauthorization is required for BlueCHiP for Medicare members.

POLICY STATEMENT

BlueCHiP for Medicare:

Biofeedback is a covered service when the medical criteria below are met, for all other indications, Biofeedback is considered not medically necessary.

Commercial:

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

MEDICAL CRITERIA

BlueCHiP for Medicare members:

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

1. Muscle re-education of specific muscle groups;
2. 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;
3. 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.

BACKGROUND

Biofeedback 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.

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.

CODING

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

90911, 90901

The following codes are non covered for all products:

90875, 90876, E0746

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	Aug 2013
Provider Update	May 2012
Provider Update	Jul 2011
Provider Update	Jan 2011
Policy Update	May 2009
Policy Update	May 2008
Policy Update	Jul 2007
Policy Update	Jul 2006
Policy Update	Oct 2000
Focus on Policy	Feb 1992

REFERENCES

1. American Cancer Society. Biofeedback. Retrieved on 01/26/09 from www.cancer.org.
2. 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.
3. Association for Applied Psychophysiology and Biofeedback. Accessed on 1/26/09: <http://www.aapb.org>

4. Ruotsalainen JH, Sellman J, Lehto L, et al. Interventions for treating functional dysphonia in adults. Cochrane Database;2007 Jul 18;(3):CD006373.
5. Wade A. Clinical Practice Fecal incontinence in adults. New England Journal of Medicine;May 2007;356(16):1648-1655.

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