



**BIOFEEDBACK**

Effective Date: March 1, 2009

Review Dates: 1/93, 12/94, 10/97, 12/99, 12/01, 2/02,  
1/03, 1/04, 1/05, 12/05, 12/06, 12/07, 12/08, 12/09

Date Of Origin: June 30, 1988

Status: Current

**I. DESCRIPTION**

Biofeedback is a training technique that utilizes monitoring instruments to detect and amplify internal physiological processes. The information is presented by audio and/or visual means to patients to learn specific tasks.

**II. POLICY/CRITERIA**

Biofeedback is a covered benefit when medically indicated for the short-term rehabilitation of a medical diagnosis. Short-term rehabilitation benefit limits and copays apply.

- A. Biofeedback is a covered benefit for the following:
  - 1. Migraine or tension headaches
  - 2. Urinary incontinence
  
- B. Biofeedback is not a covered benefit for all other indications including, but not limited to:
  - 1. Mental health diagnoses
  - 2. Vulvodynia
  - 3. Hypertension
  
- C. The following are considered experimental, investigational or unproven and are not a covered benefit:
  - 1. Electroencephalography (EEG) biofeedback or neurofeedback
  - 2. In-home biofeedback devices (e.g. RESPeRATE® , Innosense®)
  
- D. Biofeedback services must be obtained from a provider who has been credentialed specifically for these services.

**III. MEDICAL REVIEW**

Required

Not Required

Not Applicable



**IV. APPLICATION TO PRODUCTS**

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html).*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

**V. CODING INFORMATION:**

**CPT/HCPCS Codes**

- 90901 Biofeedback training by any modality
- 90911 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry

**Not covered:**

- E0746 Electromyography (EMG), biofeedback device

**Revenue Code**

- 0917 Biofeedback

**ICD-9 Codes that support medical necessity**

**Tension or Migraine Headache**

- 346.00 Migraine with aura, without mention of intractable migraine without mention of status migrainosus
- 346.01 Migraine with aura, with intractable migraine, so stated, without mention of status migrainosus
- 346.02 Migraine with aura, without mention of intractable migraine with status migrainosus
- 346.03 Migraine with aura, with intractable migraine, so stated, with status migrainosus
- 346.10 Migraine without aura, without mention of intractable migraine without mention of status migrainosus
- 346.11 Migraine without aura, with intractable migraine, so stated, without mention of status migrainosus
- 346.12 Migraine without aura, without mention of intractable migraine with status migrainosus



- 346.13 Migraine without aura, with intractable migraine, so stated, with status migrainosus
- 346.20 Variants of migraine, not elsewhere classified, without mention of intractable migraine without mention of status migrainosus
- 346.21 Variants of migraine, not elsewhere classified, with intractable migraine, so stated, without mention of status migrainosus
- 346.22 Variants of migraine, not elsewhere classified, without mention of intractable migraine with status migrainosus
- 346.23 Variants of migraine, not elsewhere classified, with intractable migraine, so stated, with status migrainosus
- 346.30 Hemiplegic migraine, without mention of intractable migraine without mention of status migrainosus
- 346.31 Hemiplegic migraine, with intractable migraine, so stated, without mention of status migrainosus
- 346.32 Hemiplegic migraine, without mention of intractable migraine with status migrainosus
- 346.33 Hemiplegic migraine, with intractable migraine, so stated, with status migrainosus
- 346.40 Menstrual migraine, without mention of intractable migraine without mention of status migrainosus
- 346.41 Menstrual migraine, with intractable migraine, so stated, without mention of status migrainosus
- 346.42 Menstrual migraine, without mention of intractable migraine with status migrainosus
- 346.43 Menstrual migraine, with intractable migraine, so stated, with status migrainosus
- 346.50 Persistent migraine aura without cerebral infarction, without mention of intractable migraine without mention of status migrainosus
- 346.51 Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
- 346.52 Persistent migraine aura without cerebral infarction, without mention of intractable migraine with status migrainosus
- 346.53 Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, with status migrainosus
- 346.60 Persistent migraine aura with cerebral infarction, without mention of intractable migraine without mention of status migrainosus
- 346.61 Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
- 346.62 Persistent migraine aura with cerebral infarction, without mention of intractable migraine with status migrainosus
- 346.63 Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, with status migrainosus
- 346.70 Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus
- 346.71 Chronic migraine without aura, with intractable migraine, so stated, without mention of status migrainosus
- 346.72 Chronic migraine without aura, without mention of intractable migraine with status migrainosus
- 346.73 Chronic migraine without aura, with intractable migraine, so stated, with status migrainosus



- 346.80 Other forms of migraine, without mention of intractable migraine without mention of status migrainosus
- 346.81 Other forms of migraine, with intractable migraine, so stated, without mention of status migrainosus
- 346.82 Other forms of migraine, without mention of intractable migraine with status migrainosus
- 346.83 Other forms of migraine, with intractable migraine, so stated, with status migrainosus
- 346.90 Migraine, unspecified without mention of intractable migraine without mention of status migrainosus
- 346.91 Migraine, unspecified with intractable migraine, so stated, without mention of status migrainosus
- 346.92 Migraine, unspecified, without mention of intractable migraine with status migrainosus
- 346.93 Migraine, unspecified, with intractable migraine, so stated, with status migrainosus
  
- 339.10 Tension type headache, unspecified
- 339.11 Episodic tension type headache
- 339.12 Chronic tension type headache

Urinary or Fecal Incontinence

- 625.6 Female stress incontinence
- 788.30 Unspecified urinary incontinence
- 788.31 Urge incontinence
- 788.32 Stress incontinence, male
- 788.33 Mixed incontinence urge and stress (male)(female)
- 788.34 Incontinence without sensory awareness
- 788.37 Continuous leakage
- 788.39 Other urinary incontinence

**VI. REFERENCES**

Hayes, Inc. Biofeedback Therapy for Vulvodynia, March 2008

Hayes, Inc. Biofeedback for the Treatment of Hypertension, February 2006

Biofeedback, Cigna Medical Coverage Policy, 9/15/2008. Available on the World Wide Web @ [http://www.cigna.com/customer\\_care/healthcare\\_professional/coverage\\_positions/medical/mm\\_0166\\_coveragepositioncriteria\\_biofeedback.pdf](http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0166_coveragepositioncriteria_biofeedback.pdf) (Retrieved November 14, 2008 & November 9, 2009)

Biofeedback, Aetna Clinical Policy Bulletin, 04/11/2008. Available on the World Wide Web @ [http://www.aetna.com/cpb/medical/data/100\\_199/0132.html](http://www.aetna.com/cpb/medical/data/100_199/0132.html) (Retrieved November 14, 2008 & November 9, 2009)



The Regence Medical Group Biofeedback Medical Policies. Available on the World Wide Web @ <http://blue.regence.com/trgmedpol/index.html> (Retrieved November 14, 2008 & November 9, 2009)

Hayes, Inc. RESPeRATE® (InterCure Inc.) Device to Lower Blood Pressure.  
October 22, 2008

Hayes, Inc. Biofeedback for Headache and Chronic Musculoskeletal Pain,  
Directory Report. November 2004, Update December 2007.

**AMA CPT Copyright Statement:**

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

---

*This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.*

*Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.*

*The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.*