

**BIOFEEDBACK**

**Effective Date:** November 25, 2014

**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, 12/10, 12/11, 12/12, 12/13, 11/14, 11/15, 11/16, 11/17, 11/18

**Date Of Origin:** June 30, 1988

**Status:** Current

**I. 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
  - 3. Constipation in adults
  
- B. Biofeedback is not a covered benefit for all other indications including, but not limited to:
  - 1. Mental health diagnoses, including ADHD
  - 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 for any diagnosis, including ADHD.
  - 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.
  
- E. Biofeedback is not covered for Medicaid/Healthy Michigan Plan members.

**II. MEDICAL REVIEW**

- Required                       Not Required                       Not Applicable

### III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located 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). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

### IV. 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.

### 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 for Medicaid/Healthy Michigan Plan members; see NCD for Medicare indications)*

#### Not 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 45-50 minutes
- E0746 Electromyography (EMG), biofeedback device

**Revenue Code**

0917 Biofeedback

**Diagnosis Codes**

Biofeedback is covered only for the following diagnoses for Commercial plans:

**ICD-10 Codes** that apply to this policy

- G43.001 – G43.919 Migraine
- G44.201 – G44.229 Tension headache
- K59.00 Constipation, unspecified
- K59.01 Slow transit constipation
- K59.02 Outlet dysfunction constipation
- K59.03 Drug induced constipation
- K59.04 Chronic idiopathic constipation
- K59.09 Other constipation
- N36.42 Intrinsic sphincter deficiency (ISD)
- N36.43 Combined hypermobility of urethra and intrinsic sphincter deficiency
- N36.44 Muscular disorders of urethra
- N39.3 Stress incontinence (female) (male)
- N39.41 Urge incontinence
- N39.42 Incontinence without sensory awareness
- N39.45 Continuous leakage
- N39.46 Mixed incontinence
- N39.498 Other specified urinary incontinence

**Diagnosis Codes**

Biofeedback is covered only for the following diagnoses for Priority Medicare plans:

**ICD-10 Codes** that apply to this policy

- G83.4 Cauda equina syndrome
- K59.01 Slow transit constipation
- K59.02 Outlet dysfunction constipation
- K59.4 Anal spasm
- M62.3 Immobility syndrome (paraplegic)
- M62.40 – M62.49 Contracture of muscle
- M62.50 – M62.59 Muscle wasting and atrophy, not elsewhere classified
- M62.830 – M62.89 Muscle spasm
- M62.9 Disorder of muscle, unspecified
- M63.80 – M63.89 Disorders of muscle in diseases classified elsewhere
- N36.42 Intrinsic sphincter deficiency (ISD)

N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N36.44	Muscular disorders of urethra
N39.3	Stress incontinence (female) (male)
N39.41 – N39.46	Other incontinence
N39.498	Other specified urinary incontinence
R15.0 – R15.9	Fecal incontinence
R32	Unspecified urinary incontinence
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination

## 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, November 15, 2010, November 18, 2011, October 31, 2012, October 2, 2014, October 9, 2015, September 19, 2016 & October 19, 2017)

[https://cignaforhcp.cigna.com/web/public/resourcesGuest!/ut/p/z1/04\\_Sj9CPy\\_kssy0xPLMnMz0vMAfljo8zi\\_d0tzAw9gg083L0C3Aw8AwycPQ2Dg40\\_NLAz0wwkpiAJKG-AAjiD9UYSUFORGGKQ7KioCAM9Hnw0!/dz/d5/L2dBISEvZ0FBIS9nQSEh/](https://cignaforhcp.cigna.com/web/public/resourcesGuest!/ut/p/z1/04_Sj9CPy_kssy0xPLMnMz0vMAfljo8zi_d0tzAw9gg083L0C3Aw8AwycPQ2Dg40_NLAz0wwkpiAJKG-AAjiD9UYSUFORGGKQ7KioCAM9Hnw0!/dz/d5/L2dBISEvZ0FBIS9nQSEh/) (Retrieved September 12, 2018)

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, November 15, 2010, November 18, 2011, October 31, 2012, October 2, 2014, October 9, 2015, September 19, 2016, October 19, 2017 & September 12, 2018)

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, November 15, 2010, November 18, 2011 & September 12, 2018)

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.

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