Medical Policy
Biofeedback for Miscellaneous Indications

Table of Contents
• Policy: Commercial
• Policy: Medicare
• Authorization Information
• Coding Information
• Description
• Policy History
• Information Pertaining to All Policies
• References

Policy Number: 187
BCBSA Reference Number: 2.01.53
NCD/LCD: National Coverage Determination (NCD) for Biofeedback Therapy (30.1)

Related Policies
Biofeedback as a treatment of Chronic Pain, #210
Biofeedback as a Treatment of Fecal Incontinence or Constipation, #308
Biofeedback as a Treatment of Urinary Incontinence, #173
Biofeedback for the Treatment of Headache, #152
Neurofeedback, #515
Treatment of Tinnitus, #267

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Biofeedback is INVESTIGATIONAL as a treatment of the following miscellaneous conditions:
• Anxiety disorders
• Asthma
• Bell's palsy
• Depression
• Hypertension
• Insomnia
• Motor function after stroke, injury, or lower-limb surgery
• Movement disorders
• Multiple sclerosis
• Orthostatic hypotension in patients with spinal cord injury
• Pain management during labor
• Posttraumatic stress disorder
• Prevention of preterm birth
• Raynaud's disease
• Sleep bruxism, and
• Tinnitus.
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Indications and Limitations of Coverage
Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful. This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions. (See the Medicare Benefit Policy Manual, Chapter 15, for general coverage requirements about physical therapy requirements.)

National Coverage Determination (NCD) for Biofeedback Therapy (30.1)

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required. Yes indicates that prior authorization is required. No indicates that prior authorization is not required. N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th></th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>No</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>No</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

According to the policy statement above, the following CPT/HCPCS codes are considered investigational for the conditions listed for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90875</td>
<td>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</td>
</tr>
<tr>
<td>90876</td>
<td>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</td>
</tr>
<tr>
<td>90901</td>
<td>Biofeedback training by any modality</td>
</tr>
</tbody>
</table>

HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0746</td>
<td>Electromyography (EMG), biofeedback device</td>
</tr>
</tbody>
</table>
**Description**
Biofeedback is a technique intended to teach patients self-regulation of certain unconscious or involuntary physiologic processes. The technique involves the feedback of a variety of types of information not usually 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 a 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. The type of feedback used in an intervention (e.g., visual, auditory) depends on the nature of the disease or disorder under treatment. This policy focuses on the use of biofeedback for the treatment of hypertension, anxiety, insomnia, asthma, movement disorders, and other miscellaneous applications (i.e., conditions not addressed in other policies on biofeedback).

This evidence review addresses biofeedback devices that measure and provide feedback on physiologic process such as heart rate, muscle tension, skin temperature, and blood flow. Electroencephalographic biofeedback, also called neurofeedback, which measures brainwave activity, is addressed elsewhere.

**Summary**
Biofeedback is a technique intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control. This policy focuses on the use of biofeedback for treating miscellaneous indications. Specifically, these are indications other than urinary and fecal incontinence, headache, and chronic pain.

The evidence for the use of biofeedback in individuals with Bell palsy, hypertension, motor function after stroke, injury or lower-limb surgery, multiple sclerosis, prevention of preterm birth, posttraumatic stress disorder, Raynaud disease, tinnitus, or sleep bruxism includes 1 or more randomized controlled trials (RCTs) on each indication. Relevant outcomes are symptoms, functional outcomes, and quality of life. The available RCTs either failed to show any beneficial impact of biofeedback or had design flaws that create uncertainty about the contribution of nonspecific factors such as attention or placebo effects versus the specific effect of biofeedback. Moreover, the trials are generally of short duration and the durability of benefits reported is unclear. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for the use of biofeedback in individuals with asthma, insomnia, movement disorders, or orthostatic hypotension associated with spinal cord injury includes a TEC Assessment or other systematic review of the literature. Relevant outcomes are symptoms, functional outcomes, and quality of life. The systematic reviews did not find sufficient evidence that biofeedback benefited these conditions. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for the use of biofeedback in individuals with anxiety or depression includes no published peer-reviewed studies. Relevant outcomes are symptoms, functional outcomes, and quality of life. The evidence is insufficient to determine the effects of the technology on health outcomes.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>11/2011</td>
<td>Medical policy ICD 10 remediation: Formatting, editing and coding updates.</td>
</tr>
<tr>
<td>Date</td>
<td>Action</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>4/2012</td>
<td>No changes to policy statements.</td>
</tr>
<tr>
<td>10/2006</td>
<td>National policy reviewed 10/2006; no changes to policy statement.</td>
</tr>
</tbody>
</table>

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References