

**Policy #: 187**

**Original policy date: 1/1991**

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**Revised date: 5/1/2012**

### **Title**

#### **Biofeedback for Miscellaneous Indications**

#### **Related Policies:**

Biofeedback as a treatment of urinary incontinence and fecal incontinence, policy #[072](#)

Biofeedback as a treatment of headache, policy #[152](#)

Biofeedback as a treatment of chronic pain, #[210](#)

EEG biofeedback or neurofeedback, #[423](#)

Biofeedback as a Treatment of Fecal Incontinence or Constipation, #[308](#)

### **Description**

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 not addressed in separate policies; these include, among others, hypertension, anxiety, insomnia, asthma, and movement disorders.

#### **Background**

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's disease, and insomnia. The type of feedback used in an intervention e.g., visual, auditory, etc. 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).

### **When services are investigational (not covered) for commercial products (excluding Medicare HMO Blue and Medicare PPO Blue)<sup>1</sup>**

Biofeedback is considered investigational (not covered) as a treatment of the following miscellaneous conditions, because it is considered investigational and does not meet our Medical Technology Assessment Guidelines, #[350](#):

- Asthma
- Anxiety disorders
- insomnia
- Sleep bruxism
- Tinnitus
- Movement disorders
- Bell's palsy
- Motor function after stroke, injury, or lower-limb surgery

- Raynaud’s disease
- Orthostatic hypotension in patients with spinal cord injury
- Hypertension
- Autism.

**When services may be considered medically necessary (covered) for Medicare HMO Blue and Medicare PPO Blue<sup>2</sup>**

**Biofeedback therapy** for Medicare HMO Blue and Medicare PPO Blue members may be considered medically necessary (covered) 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 when more conventional treatments (heat, cold, massage, exercise, support) have not been successful.

**When services are investigational (not covered) for Medicare HMO Blue and Medicare PPO Blue<sup>2</sup>**

**Biofeedback therapy** for Medicare HMO Blue and Medicare PPO Blue members is considered investigational (not covered) for the treatment of ordinary muscle tension states or for psychosomatic conditions.

**Individual consideration (Clinical Exceptions)**

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances may be considered in light of current scientific literature. For consideration of an individual patient, physicians may send relevant clinical information to:

<b>For services already billed</b>	<b>Prior to performance of service</b>
Blue Cross Blue Shield of Massachusetts Provider Appeals PO Box 986065 Boston, MA 02298	Blue Cross Blue Shield of Massachusetts Case Creation/Medical Policy One Enterprise Drive Quincy, MA 02171 Tel: 1-800-327-6716 Fax: 1-888-282-0780

**Authorization Information**

**For Managed Care members:**

- This is not a covered service for members with commercial products.
- **No Authorization is required for this service for members with Medicare HMO Blue; see Managed Care Guidelines** for additional requirements.

**For Indemnity and PPO members:**

- This is not a covered service for members with commercial products.
- **No Authorization is required for this service for members with Medicare PPO Blue; see Managed Care Guidelines** for additional requirements.

**Managed Care Guidelines**

All authorization requirements are determined by the individual’s subscriber certificate, explanation of coverage, or summary plan description; however,

**For Medicare HMO Blue members:**

- The service must meet the criteria for coverage noted in this policy, be medically necessary, prescribed by a plan physician and provided by a network provider.
- Referrals are required for all visits to a specialist.

**For all other Managed Care plans:**

- Any specialist visit requires a referral, except for visits performed by OB/GYN specialists.
- Authorization is required for an inpatient admission.

**Indemnity and PPO Guidelines**

**All authorization requirements are determined by the individual’s subscriber certificate, explanation of coverage, or summary plan description, however;**

- Authorization is required for an inpatient admission.
- Authorizations are not required for most outpatient services as determined by the individual’s subscriber certificate.
- Referrals to a specialist are not required.

**Other information**

For our Medical Technology Assessment Guidelines, see document #[350](#).

**Coding information**

*Procedure codes are from current CPT, HCPCS Level II, Revenue Code, and/or ICD-9-CM manuals, as recommended by the American Medical Association, Centers for Medicare and Medicaid Services and American Hospital Associations. Blue Cross Blue Shield Association national codes may be developed when appropriate.*

*The following codes are included below for informational purposes. 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.*

**CPT Codes**

<b>CPT codes:</b>	<b>Code Description</b>
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
90901	Biofeedback training by any modality

**HCPCS Codes**

<b>HCPCS codes:</b>	<b>Code Description</b>
E0746	Electromyography (EMG), biofeedback device

**ICD-9 Procedure Codes**

<b>ICD-9 Procedure codes:</b>	<b>Code Description</b>
93.08	Electromyography
94.39	Other individual psychotherapy (biofeedback)

## Policy update history

Biofeedback policy issued 1/91. Reviewed 12/95 without coverage change. Reviewed 2/99; narrative changes to biofeedback billing information were made; no changes in coverage were made. Reviewed 2/01, no changes in coverage were made. Reviewed 3/02, no changes in coverage were made. Reviewed 3/03 MPG Pulmonology, no changes in coverage were made. Reviewed 3/04 MPG Pulmonology, Allergy and ENT/Otolaryngology, no changes in coverage were made. Reviewed 3/05 MPG Pulmonology, Allergy and ENT/Otolaryngology, no changes in coverage were made. Reviewed 3/06 MPG-Pulmonology, Allergy, ENT/Otolaryngology, no changes in coverage were made. Updated 10/06, comparison review of BCBSA national 2.01.53, Biofeedback Miscellaneous Indications; no changes in coverage were noted. Reviewed 3/07 MPG- Pulmonology, Allergy and ENT/Otolaryngology, no changes in coverage were made. Updated 11/07 coverage and non-coverage language for Biofeedback for Medicare HMO Blue and Medicare PPO Blue members clarified based on NHIC Local Medicare PT and OT Billing Guidelines, October 2007. Comparison review of the BCBSA national policy on Biofeedback for Miscellaneous Indications; non-coverage language which BCBSMA benchmarks is unchanged. Reviewed 3/08 MPG- Pulmonology, Allergy and ENT/Otolaryngology, no changes in coverage were made. Reviewed 3/09 MPG-Pulmonology, Allergy/Asthma/Immunology and ENT/ Otolaryngology, no changes in coverage were made. Updated 11/09, comparison review of the BCBSA national policy on Biofeedback for Miscellaneous Indications. BCBSMA benchmarking of the national policy, has been clarified to include additional indications considered investigational: tinnitus, Bell's palsy, and orthostatic hypotension in patients with spinal cord injury. Updated 5/1/2010 to issue new policy document #187, Biofeedback for Miscellaneous Indications. (Biofeedback for Miscellaneous Indications was previously addressed under policy #178, Complementary Medicine.) Reviewed 7/2010 MPG – Orthopedics, Rehabilitation Medicine and Rheumatology, no changes in coverage were made. Reviewed 6/2011 MPG – Orthopedics, Rehabilitation and Rheumatology, no changes in coverage were made. Updated 5/2012 clarifying non-coverage of biofeedback for the treatment autism and motor function after stroke, injury, or lower-limb surgery.

## References

### References for footnote 1:

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14. Coben R, Myers TE. The relative efficacy of connectivity guided and symptom based EEG biofeedback for autistic disorders. *Appl Psychophysiol Biofeedback* 2010; 35(1):13-23.
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This document is designed for informational purposes only and is not an authorization, or an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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#### Footnotes

<sup>1</sup> Based on BCBSA national policy 2.01.53 Biofeedback for Miscellaneous Indications, reviewed 8/2011.

<sup>2</sup> Based on Medicare NCD 30.1, Biofeedback Therapy. Updated /23/2009. For additional information see: [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=30.1&ncd\\_version=1&basket=ncd%3A30%2E1%3A1%3ABiofeedba ck+Therapy](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=30.1&ncd_version=1&basket=ncd%3A30%2E1%3A1%3ABiofeedba ck+Therapy)