Medical Policy
Biofeedback as a Treatment of Chronic Pain

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

Policy Number: 210
BCBSA Reference Number: 2.01.30
NCD/LCD: National Coverage Determination (NCD) for Biofeedback Therapy (30.1)

Related Policies
• Biofeedback as a Treatment of Urinary Incontinence, #173
• Biofeedback as a Treatment of Fecal Incontinence or Constipation, #308
• Neurofeedback, #515
• Biofeedback as a treatment of headache, #152
• Biofeedback for miscellaneous indications, #187

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

Biofeedback as a treatment of chronic pain, including but not limited to low back pain, is INVESTIGATIONAL.

Medicare HMO BlueSM and Medicare PPO BlueSM Members
Biofeedback therapy is covered 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 when more conventional treatments (heat, cold, massage, exercise, support) have not been successful.

Biofeedback therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions.

Medical necessity criteria and coding guidance can be found through the link below.

National Coverage Determinations (NCDs)

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

Note: To review the specific NCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.
Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization is required for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is not a covered service.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commercial PPO and Indemnity</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is not a covered service.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare HMO BlueSM</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior authorization is not required.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare PPO BlueSM</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior authorization is not required.</td>
<td></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), and PPO, Indemnity:

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90875</td>
<td>Individual psychophysiologic therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes</td>
</tr>
<tr>
<td>90876</td>
<td>Individual psychophysiologic therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, 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

Treatment for chronic pain is often multimodal and typically includes psychological therapy. Psychological techniques vary but may include cognitive therapy, which teaches subjects the ability to cope with stressful stimuli by attempting to alter negative thought patterns and dysfunctional attitudes, and behavioral approaches to reduce muscle tension and break the pain cycle. Relaxation, using any of a variety of techniques including meditation or mental imagery, is considered a behavioral therapy that may
be used alone or as a component of a cognitive-behavioral therapy program. Electromyography biofeedback has also been used for the treatment of chronic pain, on the assumption that the ability to reduce muscle tension will be improved through feedback of data to the patient regarding the degree of muscle tension. While some consider electromyography biofeedback to be a method used to obtain relaxation, others consider biofeedback to be distinct from other relaxation techniques.

Biofeedback provides physiologic information not normally available to the patient, with a concerted effort employed by the patient to use this feedback to help alter the physiologic process in some specific way. Biofeedback training is done either in individual or group sessions, alone or in combination with other behavioral therapies designed to teach relaxation. A typical program consists of 10 to 20 training sessions of 30 minutes each. Training sessions are performed in a quiet, nonstimulating environment. Patients are instructed to use mental imagery techniques to affect the physiologic variable being monitored, and feedback is provided for successful alteration of that physiologic parameter in the form of lights or tone, verbal praise, or other auditory or visual stimuli.

**Summary**

Biofeedback is a technique intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control. Electromyography biofeedback has been evaluated as a method to reduce chronic or recurrent pain of musculoskeletal or psychosomatic origin.

For individuals who have chronic pain (including low back, knee, neck and shoulder, orofacial, and abdominal pain as well as fibromyalgia, osteoarthritis, systemic lupus erythematosus, and vulvar vestibulitis) who receive biofeedback, the evidence includes multiple randomized controlled trials (RCTs) for different pain syndromes. Relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. The results of these RCTs, some of which were sham-controlled, did not consistently report a benefit for biofeedback. Some RCTs reported improved outcomes with biofeedback, but these improvements were often of uncertain clinical significance or were not durable. Many other RCTs have found that biofeedback did not provide a significantly greater benefit in outcomes when it was used instead of or in addition to other conservative interventions such as exercise. Overall, the available RCTs were limited by small sample sizes and high dropout rates. This evidence base does not permit conclusions about the specific effects of biofeedback beyond the nonspecific effects of sham interventions, nor does it permit conclusions about the contribution of biofeedback beyond that of other conservative treatments for pain. 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>2/2018</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>1/2018</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>5/2015</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>5/2013</td>
<td>New references from BCBSA National medical policy.</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


