Medical Policy

Biofeedback as a Treatment of Chronic Pain

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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.

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 for outpatient services.
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>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>This is not a covered service.</td>
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<table>
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<tr>
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<th>Outpatient</th>
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<table>
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<th>Medicare PPO BlueSM</th>
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**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>
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<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tr>
<td>90875</td>
<td>Individual psychophysiological 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>
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<tr>
<td>90876</td>
<td>Individual psychophysiological 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>
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<tr>
<td>90901</td>
<td>Biofeedback training by any modality</td>
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**HCPCS Codes**

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<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>E0746</td>
<td>Electromyography (EMG), biofeedback device</td>
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**Description**

Treatment of 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 (EMG) biofeedback also has been used for the treatment of chronic pain, with the assumption that the ability to reduce muscle tension will be improved through feedback of data to the patient regarding degree of muscle tension. While some consider EMG 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.

The evidence for biofeedback in patients who have chronic pain 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 are sham-controlled, do not consistently report benefit for biofeedback. Some RCTs have reported improved outcomes with biofeedback, but these improvements are often of uncertain clinical significance or are not durable. Many other RCTs have found that biofeedback did not provide a significantly greater benefit in outcomes when it was used either 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 allow conclusions about the specific effects of biofeedback beyond the nonspecific effects of sham interventions, nor does it allow 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>
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<td>2/2018</td>
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<td>5/2013</td>
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<td>No changes to policy statements.</td>
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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
References


