Medical Policy
Biofeedback for Miscellaneous Indications

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Policy Number: 187
BCBSA Reference Number: 2.01.53

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

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
- Autism
- Bell’s palsy
- Hypertension
- Insomnia
- Motor function after stroke, injury, or lower-limb surgery
- Movement disorders
- Orthostatic hypotension in patients with spinal cord injury
- Raynaud’s disease
- Pain management during labor
- Prevention of preterm birth
- Sleep bruxism, and
- Tinnitus.
Medicare HMO Blue℠ and Medicare PPO Blue℠ 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.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
</tr>
<tr>
<td>Medicare HMO Blue℠</td>
<td>No</td>
</tr>
<tr>
<td>Medicare PPO Blue℠</td>
<td>No</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD-9 Codes
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.

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

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 (eg, 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 (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>
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HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>E0746</td>
<td>Electromyography (EMG), biofeedback device</td>
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</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 eg, 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 (ie, conditions not addressed in other policies on biofeedback).

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

There are a large number of randomized controlled trials (RCTs) evaluating biofeedback for certain miscellaneous conditions such as hypertension and motor function after stroke, a smaller number of RCTs on conditions such as Raynaud disease, tinnitus, and sleep bruxism and no published RCTs on other conditions such as autism. Even in cases where there is a substantial body of published literature, 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 uncertain. Thus, biofeedback is considered investigational for the miscellaneous conditions listed in the policy statement.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>10/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>4/2012</td>
<td>No changes to policy statements.</td>
</tr>
<tr>
<td>3/09</td>
<td>Reviewed - Medical Policy Group - Pulmonology, Allergy/Asthma/Immunology and ENT/Otolaryngology. No changes to policy statements.</td>
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<td>3/08</td>
<td>Reviewed - Medical Policy Group - Pulmonology, Allergy and ENT/Otolaryngology. No changes to policy statements.</td>
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<td>3/07</td>
<td>Reviewed - Medical Policy Group - Pulmonology, Allergy and ENT/Otolaryngology. 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
- Medical Technology Assessment Guidelines

References