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You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

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Biofeedback Therapy (NCD 30.1)

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Summary
Overview
Biofeedback therapy provides visual, auditory or other evidence of the status of certain body functions so that a person can exert voluntary control over the functions, and thereby alleviate an abnormal bodily condition. Biofeedback therapy often uses electrical devices to transform bodily signals indicative of such functions as heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone into a tone or light, the loudness or brightness of which shows the extent of activity in the function being measured.

Biofeedback therapy differs from electromyography, which is a diagnostic procedure used to record and study the electrical properties of skeletal muscle. An electromyography device may be used to provide feedback with certain types of biofeedback.

Reimbursement Guidelines
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.)

Cross Reference: Please see NCD 30.1.1 Biofeedback Therapy for the Treatment of Urinary Incontinence

CPT/HCPCS Codes

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>90901</td>
<td>Biofeedback training by any modality</td>
</tr>
<tr>
<td>90911</td>
<td>Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry</td>
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<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); 30 minutes (Not covered)</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); 45 minutes (Not covered)</td>
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<tr>
<td>E0746</td>
<td>Electromyography (EMG), biofeedback device (Not covered)</td>
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References Included (but not limited to):

**CMS NCD**
NCD 30.1 Biofeedback Therapy

**CMS LCD(s)**
Numerous LCDs
# Biofeedback Therapy (NCD 30.1)

## CMS Article(s)
Numerous Articles

## CMS Benefit Policy Manual
Chapter 15; § 220 Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance

## CMS Transmittals
Transmittal 2736, Change Request 8257, Dated 06/28/2013 (Billing Social Work and Psychological Services in Comprehensive Outpatient Rehabilitation Facilities (CORFs))

## UnitedHealthcare Medicare Advantage Coverage Summaries
Biofeedback

## UnitedHealthcare Reimbursement Policies
Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)

## UnitedHealthcare Medical Policies
Gastrointestinal Motility Disorders, Diagnosis And Treatment
Mandibular Disorders

### History

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<th>Date</th>
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<tbody>
<tr>
<td>09/09/2014</td>
<td>Removed liability modifier references</td>
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<tr>
<td>02/26/2014</td>
<td>Annual review</td>
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<tr>
<td>02/27/2013</td>
<td>Administrative updates</td>
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