Medical and Behavioral Health Policy
Section: Behavioral Health
Policy Number: X-25
Effective Date: 09/25/2013

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

**BIOFEEDBACK FOR DISORDERS LISTED IN THE DSM**

**Description:** Biofeedback is a technique that measures bodily functions, such as breathing, heart rate, blood pressure, skin temperature, and muscle tension. The technique involves the feedback of a variety of types of information not normally available to the patient, followed by a concerted effort on the part of the patient to use this feedback to help alter the physiological process in some specific way. Biofeedback is intended to teach patients self-regulation of physiologic processes usually considered involuntary. Heart rate, blood pressure, and/or other functions are measured using electrodes. The results are displayed on a monitor that both the patient and the trained practitioner can see.

Biofeedback treatments and procedures can be categorized as follows:
- **Skin Temperature (ST):** registers changes in skin temperature
- **Electrical Skin Resistance (ESR) or Galvanic Skin Resistance (GSR):** Measures the skin’s electrical conductivity by the amount of sweat produced under stress
- **Electromyograph (EMG):** indicates muscle tension
- **Electroencephalograph (EEG):** measures brain activity
- **Electrocardiograph (ECG):** monitors heart rate

Some of the devices utilized in the delivery of biofeedback training are regulated by the FDA. A biofeedback device is defined by the FDA as "an instrument that provides a visual or auditory signal corresponding to the status of one or more of a patient's physiological parameters (e.g., brain alpha wave activity, muscle activity, skin temperature, etc.) so that the patient can control voluntarily these physiological parameters."

**Policy:** Use of biofeedback as a treatment for any of the mental or substance-related diagnoses listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is considered **INVESTIGATIVE**. Purchase of devices or equipment for biofeedback treatment of DSM disorders in
the home or office is also considered **INVESTIGATIVE**.

**Coverage:**

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

**CPT:**

- 90901 Biofeedback training by any modality
- 90911 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
- 90875 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
- 90876 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

**Policy History:**

**Developed August 10, 2005**

**Most recent history:**

Reviewed September 8, 2010
Reviewed September 14, 2011
Reviewed September 12, 2012
Cross Reference: Neurofeedback/Electroencephaogram (EEG) Biofeedback, X-29

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