

## Corporate Medical Policy

### Biofeedback

**File Name:** biofeedback  
**Policy Number:** MED1070  
**Origination:** 11/1994  
**Last Review:** 3/2009  
**Next Review:** 3/2011

#### Description of Procedure or Service

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Biofeedback is a technique intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control. 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 training is done either in individual or group sessions, alone, or in combination with other behavioral therapies designed to teach relaxation. Subjects are instructed to use mental techniques to affect the physiologic variable monitored, and feedback is provided for successful alteration of that physiologic parameter. The feedback may be in the form of lights or tone, verbal praise, or other auditory or visual stimuli.

Biofeedback treatment regimens begin with a training phase in which the patient receives feedback from the monitoring device. After the patient has achieved success in controlling the physiologic variable and/or clinical symptoms, a long term maintenance phase is initiated. During maintenance, the subject is often expected to learn to control the condition without feedback.

Neurofeedback training is a term used to describe the feedback of neural information to patients with certain central nervous system (CNS) disorders in an attempt to teach these patients to modify their brain function. Although related in concept, neurofeedback differs from biofeedback in that the information fed back to the patient, the EEG tracings, is not physiologic in nature.

#### Policy

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**BCBSNC will provide coverage for Biofeedback when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

**BCBSNC will not provide coverage for Neurofeedback. It is considered investigational and BCBSNC does not cover investigational services.**

#### Benefits Application

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Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

- ♦ See Professional Services. See also Limitations and Exclusions for investigational services for use of Biofeedback with Attention Deficit Disorder.
- ♦ Refer to the policy on Urinary Incontinence, Treatment.

## Policy: Biofeedback

### When Biofeedback is covered

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Biofeedback is an accepted procedure for treatment of the following conditions:

1. Muscle contraction headaches
2. Muscle re-education or muscle tension
3. Raynaud's phenomena
4. Migraine headaches
5. Torticollis, including facial tics
6. Paralumbar or back pain
7. Stress urinary incontinence

### When Biofeedback is not covered

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Biofeedback is considered investigational for any diagnosis other than those listed above including the treatment of fecal incontinence in adults and children.

Biofeedback is considered investigational for treatment of Attention Deficit Disorder.

Neurofeedback is considered investigational.

### Policy Guidelines

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Coverage is limited to a total of 14 treatments in a 12 month period for any condition, or combination of conditions listed in this policy, except for torticollis (limit is 40 treatments).

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: 90901, 90911, 90875, 90876*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Scientific Background and Reference Sources

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Consultant Review (Attention Deficit Disorder) 11/94

Matrix

BCBSA Medical Policy Reference Manual, 1/30/98

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MPAG Review 3/99

Specialty Matched Consultant Advisory Panel, 5/01

BCBSA Medical Policy Reference Manual, 2.01.28; 5/15/02

Specialty Matched Consultant Advisory Panel, 4/2003

BCBSA Medical Policy Reference Manual, 2.01.28, 7/12/02

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.28, 10/9/03.

BCBSA TEC Assessment (January 1996). Biofeedback. Vol 10, No. 25

BCBSA TEC Assessment (December 1997). Neurofeedback. Vol 12, No. 21

BCBSA TEC Assessment (June 2000). Biofeedback in the treatment of urinary incontinence in adults. Vol 15, No. 3

Centers for Medicare and Medicaid Services. National Coverage Determination for Biofeedback Therapy (30.1). Retrieved 1/8/07 from [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=30.1](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=30.1)

Centers for Medicare and Medicaid Services. National Coverage Determination for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1). Retrieved 1/8/07 from [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=30.1.1](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=30.1.1)

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.27, 10/10/06

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.28, 7/20/06

ECRI Target Report #148 (October 2004). Biofeedback for urinary incontinence. Retrieved 6/12/06 from [http://www.target.ecri.org/summary/detail.aspx?doc\\_83=141](http://www.target.ecri.org/summary/detail.aspx?doc_83=141)

California Technology Assessment Forum (June 2006). Biofeedback in addition to pelvic floor muscle training as a treatment for urinary incontinence in women. Retrieved 12/21/2006 from <http://www.ctaf.org/ass/viewfull.ctaf;jsessionid=149E457915A7D23F7FF56A6526A166F0?id=82151206102>

Shamliyan, T, Wyman J, Bliss DZ, Kane RL, Wilt TJ, Prevention of Fecal and Urinary Incontinence in Adults. Evidence Report/Technology Assessment No. 161 (Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-02-0009.) AHRQ Publication No. 08-E003. Rockville, MD. Agency for Healthcare Research and Quality. December 2007

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.27, 2/14/08

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.30, 11/13/08

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.64, 2/14/08

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.28, 9/18/07

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.29, 9/18/07

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.53, 9/18/07

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.21, 12/13/07

Medical Advisory Secretariat. Behavioural Interventions for urinary incontinence in community-dwelling seniors: an evidence-based analysis. Ontario Health Technology Assessment Series 2008;8(3). Retrieved 11/20/08 from [http://www.health.gov.on.ca/english/providers/program/ohtac/tech/reviews/pdf/rev\\_aic\\_ui\\_20081002.pdf](http://www.health.gov.on.ca/english/providers/program/ohtac/tech/reviews/pdf/rev_aic_ui_20081002.pdf)

## Policy Implementation/Update Information

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11/94 Original policy issued

## Policy: Biofeedback

- 7/96 Reaffirmed
- 5/97 Codes deleted. See policy (L)90900.ARC.
- 3/99 Reaffirmed. Medical Policy Advisory Group
- 7/99 Reformatted, Medical Term Definitions added.
- 11/99 Revised. Added Stress Urinary Incontinence.
- 2/00 Coding system change.
- 10/00 System coding change.
- 12/00 Revised. Added neurofeedback as investigational.
- 5/01 Revised. Added statement under Benefits Application to refer to the policy for Urinary Incontinence, Treatment. Specialty Matched Consultant Advisory Panel. No changes to policy. Coding format changes.
- 8/02 Reaffirmed. Source added to Scientific Reference Sources section.
- 5/03 Specialty Matched Consultant Advisory Panel review. Reference added. No change to policy.
- 12/03 Benefits Application and Billing/Coding sections updated for consistency.
- 4/7/05 Specialty Matched Advisory Panel [MPAG] review on 3/10/2005. No changes made to policy criteria. Reference added.
- 2/2/06 Deleted statement regarding benefits limitation from Benefits Application section. Clarification of wording in Policy Guidelines section to indicate coverage limited to a total of 14 treatments in a 12 month period for any condition, or combination of conditions listed in this policy, except for torticollis (limit is 40 treatments).
- 4/23/07 Routine biennial review. Clarified description of Neurofeedback. References updated. Billing/coding section updated. Specialty Matched Consultant Advisory Panel review 3/15/07. No changes to policy coverage criteria. (adn)
- 4/27/09 Routine biennial review. Description section revised for clarity. Statement in the When Biofeedback is Not Covered section revised to read: Biofeedback is considered investigational for any diagnosis other than those listed above including the treatment of fecal incontinence in adults and children. References updated. Specialty Matched Consultant Advisory Panel review meeting 3/26/09. No change to policy statement.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.