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## Subject: Biofeedback

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### DESCRIPTION:

Biofeedback is a technique intended to teach self-regulation of certain physiologic processes not normally considered to be under voluntary control.

Electromyography biofeedback utilizes sensors to help the individual identify and contract the anal sphincter muscles and has been evaluated as a method to reduce chronic or recurrent pain of musculoskeletal or psychosomatic origin, urinary incontinence, fecal incontinence, constipation, headache, tinnitus, and other miscellaneous indications.

Neurofeedback (also known as EEG biofeedback) is a type of biofeedback that uses electroencephalograms (EEGs) as the feedback source. EEG information is signaled to the individual, usually by video or sound, for the purpose of training the individual to self-regulate brain activity. Neurofeedback is being studied for a variety of medical and psychological conditions.

### POSITION STATEMENT:

Biofeedback **meets the definition of medical necessity** as part of the overall treatment plan for [migraine headache](#) and [tension-type headache](#), when conservative treatment has failed (e.g., medications, stress management strategies), up to 20 biofeedback sessions.

Biofeedback **meets the definition of medical necessity** for treatment of **cancer pain**, up to 20 biofeedback sessions.

Biofeedback specific to the perineal muscles, and/or anorectal or urethral sphincter **meets the definition of medical necessity** for treatment of:

- [Fecal incontinence](#) when **ALL** of the following are met:
  - There is some degree of rectal sensation

- The underlying cause is determined to be an ineffective anal sphincter squeeze function
- Ability to contract the sphincter voluntarily
- Conservative treatments (e.g., medication, diet changes) have failed
- Treatment does not exceed 6 biofeedback sessions
- **Stress, urge, mixed, overflow** or **persistent post-prostatectomy urinary incontinence** when conservative treatments (e.g., medications, timed voiding, pelvic floor muscle exercises) have failed, up to 12 feedback sessions (one per week)
- **\*\*\*Chronic constipation** when conservative treatments (e.g., dietary changes, enemas, laxatives, prescription drug therapy, suppositories) have failed, up to 6 biofeedback sessions.

Biofeedback is considered **experimental or investigational** for treatment of all other conditions, including but not limited to:

- Anxiety disorders
- Asthma
- Bell palsy
- Chronic pain (including but not limited to low back pain)
- Cluster headache
- Depression
- Functional urinary incontinence
- Hypertension
- Insomnia
- Mechanical urinary incontinence
- Movement disorders, such as motor function after stroke, injury, or lower-limb surgery
- Multiple sclerosis
- Orthostatic hypotension in patients with spinal cord injury
- Pain management during labor
- Post-traumatic stress disorder
- Prevention of preterm birth
- Psychosomatic conditions
- Raynaud's disease
- Sleep bruxism
- Tinnitus
- Vaginismus
- Vulvodynia

Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

Home biofeedback (including the leva® Pelvic Health System) is considered **experimental or investigational** for all indications. There is insufficient published clinical evidence to support the safety and effectiveness of these devices.

Neurofeedback (EEG biofeedback) is considered **experimental or investigational** for all indications, as there is a lack of clinical scientific evidence published in peer-reviewed literature to permit conclusions on safety and net health outcomes.

## BILLING/CODING INFORMATION:

### CPT Coding:

90901	Biofeedback training by any modality
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
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

### HCPCS Coding:

E0746	Electromyography (EMG), biofeedback device ( <b>investigational</b> )
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device (eg, leva® Pelvic Health System) ( <b>investigational</b> )

### ICD-10 Diagnosis Codes That Support Medical Necessity:

G44.201 – G44.229	Tension headache
G43.001 – G43.919	Migraine headache
G89.3	Neoplasm related pain (acute) (chronic)
K59.00 – K59.09	Chronic constipation
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence

N39.46	Mixed incontinence
N39.490	Overflow incontinence
R15.0 – R15.9	Fecal incontinence

### LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, physical therapy assessment and progress notes, treatment plan, and diagnostic studies.

Documentation Table	LOINC Codes	LOINC Timeframe Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy initial assessment	18735-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy progress note	11508-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Diagnostic studies (non-lab)	27899-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

### REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

### PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

### **Medicare Advantage products:**

The following National Coverage Determinations (NCDs) were reviewed on the last guideline reviewed date: Biofeedback Therapy (30.1) and Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.10), located at cms.gov.

### **DEFINITIONS:**

**Chronic constipation:** Defined by less frequent than normal or difficult bowel movements; while the frequency differs for each person, any length of time beyond three days is not typical and often leads to even more difficult bowel movements. Symptoms include reduction in frequency specific to the person's normal schedule, feeling incompletely evacuated, abdominal pain, decreased amount of feces, and having to strain to produce a bowel movement.

**Electromyography (EMG):** An electrical recording of muscle activity that aids in the diagnosis of neuromuscular disease.

**Fecal incontinence:** The inability to control bowel movements which may involve leakage of stool.

**Functional urinary incontinence:** A physical or mental impairment that prevents making it to the toilet in time.

**Migraine headache:** A type of headache marked by severe head pain lasting for several hours or more.

**Mixed urinary incontinence:** Displays more than one form or urinary incontinence.

**Overflow incontinence:** May be due to an underactive detrusor muscle or obstruction of the urethra in women; in men, may be associated with obstruction such as prostatic hyperplasia.

**Stress incontinence:** Urine leaks when pressure is exerted on the bladder (e.g., coughing, sneezing, laughing, exercising, lifting something heavy).

**Tension-type headache:** A type of headache with generally mild to moderate pain that often occurs when neck and scalp muscles become tense or contract. Muscle contractions can be a result of stress, depression, head injury or anxiety.

**Urge incontinence:** Sudden, intense urge to urinate followed by involuntary loss of urine (examples of causes include infection, neurological disorders, and diabetes mellitus).

### **RELATED GUIDELINES:**

[Diagnosis and Treatment of Temporomandibular Joint Disorder, 02-20000-12](#)

[Treatment of Tinnitus, 01-92502-11](#)

### **OTHER:**

None applicable.

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### COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 06/22/23.

### GUIDELINE UPDATE INFORMATION:

09/15/01	Medical Coverage Guideline Revised and reformatted.
03/15/03	Annual review.
04/15/04	Scheduled review and revision of guideline; consisting of updated references and added to description section.
04/15/05	Scheduled review and revision of guideline; consisting of updated references and maintaining investigational status.
05/15/06	Medical Coverage Guideline archived.
01/01/23	Medical Coverage Guideline returned to active status.
07/15/23	Scheduled review. Maintained position statement and updated references.
04/01/24	Quarterly CPT/HCPCS coding update. Added S9002.