

MVP/Preferred Care BENEFIT INTERPRETATION MANUAL
Biofeedback Therapy

Type of Policy

Ancillary Care

Codes

CPT Code: 90901, 90911, 51784, 51785

ICD-9 Diagnosis code:625.6, 788.31, 788.32, 788.33, 787.6, 564.0

Evidence Basis for Policy

Investigational and/or experimental. The data on this procedure are promising but inconclusive regarding safety and/or efficacy. There is no clear medical consensus regarding its safety and/or efficacy. Coverage **may** be provided for selected applications based on expert opinion.

Description

Electrical stimulation is the use of electrical current to contract a specific muscle group. Biofeedback therapy provides a visual or audio guide of the muscle contraction. When used together, patients are taught to modify their physiologic response in an effort to gain muscle function, thereby decreasing or eliminating incontinence or chronic constipation.

Indications/Criteria

Outpatient biofeedback therapy for urinary incontinence, fecal incontinence or constipation will be covered.

Outpatient feedback therapy is allowable only when it is “reasonable and necessary” for:

- re-educating specific muscle groups;
- treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm or weakness (muscle tension does not qualify); or
- when conventional treatments (heat, cold, massage, exercise and support) have not been successful.

Biofeedback therapy has been proven successful when **all** of the following criteria exist:

- the patient is motivated to actively participate in the treatment plan, including being responsive to the care plan requirements (e.g., practice and follow through at home);
- the patient must be capable of participating in the treatment plan (physically as well intellectually); and
- the patient's condition is appropriately treated with biofeedback (e.g., pathology does not exist to prevent success of the treatment).

Biofeedback training is appropriate for the following conditions when other treatments have failed or are contraindicated:

- muscle wasting; and
- muscle spasms (only when documentation indicates the site and that the spasms are incapacitating).

Biofeedback in anorectal retraining (including electromyography [EMG] and/or manometry [which provides information on sphincter pressure]**):

- the use of biofeedback therapy for anorectal retraining may be utilized for anal abnormalities of spasticity, incapacitating muscle spasm, and/or muscle weakness.

The following conditions are considered medically necessary when other treatment methods have not been successful or are contraindicated:

- fecal incontinence; and
- anal spasms.

Outpatient biofeedback will be covered up to a maximum of six (6) sessions for members meeting the criteria listed below.

In-home biofeedback therapy is not covered.

Additional sessions beyond the allowed maximum number may be covered on a case-by-case basis, subject to medical record review. Additional sessions for periodic reinforcement are not covered.

The member must be 18 years old or older.

All referrals must be from GI, GU, or OB/GYN practitioners.

Documentation submitted to include:

- a complete history and physical examination;
- a genitourinary or gastrointestinal evaluation;
- evidence that the patient has failed a three (3) month trial of conservative interventions: muscle exercises, habit training, or diet modification; and
- evidence of failed medication therapy for **urge** incontinence unless medications are contraindicated.

For continuation of services, medical record documentation must demonstrate continued improvement. The number of additional sessions approved will be determined based on the information provided.

Treatment must be provided by a qualified provider.

Exclusions/Limitations

In-home electrogram-guided biofeedback is not covered.

Biofeedback therapy **is not** covered for the treatment of ordinary muscle tension states or for psychosomatic conditions

Biofeedback is a contract exclusion of the Child Health Plus, Vermont and New York Compcare contract.

Variations

CMS:

Biofeedback is allowable as an initial treatment modality (in the treatment of urinary incontinence) when that approach is a more appropriate choice for the member.

Kodak EPO, PPO, PPO Max and Basic/Extended Plans:

Biofeedback is covered for the following conditions:

- treatment of pain;
- urinary incontinence;
- migraine and tension headaches;
- temporomandibular joint syndrome (TMJ);
- neuromuscular rehabilitation of stroke and traumatic brain injury (TBI);
- fecal incontinence;
- Raynaud's disease;
- chronic constipation;
- irritable bowel syndrome; or
- refractory severe subjective tinnitus.

Note: For authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Justification/Notification Administrative policy. You may also refer to the "Prior Justification/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior justification. Both policies are available on the easylink for Providers at www.preferredcare.org.

References

HAYES Directory, Electrical Bladder Stimulation for the Treatment of Urinary Incontinence, February, 2001. HAYES Update Research 8/03.

CMS Medicare/Medicaid: Biofeedback training: Anorectal.

CMS Medicare/Medicaid: Urinary Incontinency Treatment.

Approval(s) & Review/Revision(s)

Medical:

Review:

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Approval:

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