

**MVP/Preferred Care BENEFIT INTERPRETATION**  
Biofeedback Therapy

**Type of Policy**

Ancillary Care

**Codes**

**CPT Codes:** 90901, 90911, 51784, 51785

**ICD-9 Diagnosis Codes:** 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 will be covered for the following:

- urinary incontinence;
- fecal incontinence;
- constipation; or
- anal spasms.

Biofeedback therapy is covered 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); and
- 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 in anorectal retraining (including eElectromyography [EMG]) and/or manometry (which provides information on sphincter pressure):

**Deleted:** will be covered.

**Deleted:** 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. ¶  
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**Deleted:** has been proven successful

**Deleted:** 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). ¶  
¶

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

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

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 colo-rectal (CR), gastro-intestinal (GI), Gynecologic-urology (GU), or obstetrical/gynecology (OB/GYN) practitioners.

**Deleted:** The following conditions are considered medically necessary when other treatment methods have not been successful or are contraindicated:  
 <#>fecal incontinence; and  
 <#>anal spasms.

**Deleted:** In-home biofeedback therapy is not covered.

### **Documentation Requirements**

Documentation submitted must 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 i.e. 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, psychosomatic conditions, or any other condition not listed in the Indications/Criteria section.

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

### **Variations**

#### **Medicare**

In addition to the conditions listed in the Indications/Criteria section the following are covered:

- muscle wasting;

- muscle spasms (only when documentation indicates the site and that the spasms are incapacitating); and
- urinary incontinence. Biofeedback is allowable as an initial treatment modality for urinary incontinence when that approach is a more appropriate choice for the member.

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

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

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### Kodak ~~CDHP~~, PPO, PPO Max 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.

### References

1. HealthNow New York Inc., Upstate Medicare Division; Local Coverage Decision: Biofeedback Therapy. LCD Database ID Number L21669. Revised 2006. Available on-line @ [www.umd.nycpic.com/cgi-bin/bookmgr.exe/BOOKS/ME002E00/FRONT](http://www.umd.nycpic.com/cgi-bin/bookmgr.exe/BOOKS/ME002E00/FRONT).
2. HealthNow New York Inc., Upstate Medicare Division; Local Coverage Decision: Urinary Incontinence Treatment. LCD Database ID Number L4246. Revised 2005. Available on-line @ [www.umd.nycpic.com/cgibin/bookmgr.exe/BOOKS/SU019W05/FRONT](http://www.umd.nycpic.com/cgibin/bookmgr.exe/BOOKS/SU019W05/FRONT).
3. HAYES Medical Technology Directory™. Electroencephalogram (EEG) Biofeedback Therapy. Lansdale, PA: HAYES, Inc.; © 2006 Winifred S. Hayes, Inc. Apr. 11, 2003.
4. HAYES Directory, Electrical Bladder Stimulation for the Treatment of Urinary Incontinence, February, 2001. HAYES Update Research 8/03.
5. American Gastroenterological Association medical position statement: Guidelines on constipation. December 2000.
6. Agency for Healthcare Research and Quality (AHRQ) Evidence Report/Technology Assessment: Number 40. Mind-body interventions for gastrointestinal conditions summary. March 2001.

7. Agency for Healthcare Research and Quality (AHRQ) Urinary incontinence in adults, clinical practice guideline update, March 1996.

Deleted: CMS Medicare/Medicaid:  
Biofeedback training: Anorectal.¶  
CMS Medicare/Medicaid: Urinary  
Incontinency Treatment.¶

**Approval(s) & Review/Revision(s)**

Medical:

Review:

Medical Advisory Team: 2/28/08

Approval:

Quality Improvement Committee: 5/12/08

Prior Approval Date: 5/15/06

Last Revision Date: 2/18/08

Origination Date: 2/88

Effective Date: 8/1/08

**Note:** For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Prior Authorization/Notification Administrative Policy. You may also refer to the "Prior Authorization of Certain Prescription Drugs" for information on drugs that require prior authorization. Both policies are available on the *easyLink* for Providers at [www.preferredcare.org](http://www.preferredcare.org).