

Policy: MP004

Section: Medical Benefit Policy

Subject: Biofeedback for Non-Behavioral Health Indications

I. Policy: Biofeedback for Non-Behavioral Health Indications

II. Purpose/Objective:

To provide a policy of coverage regarding Biofeedback for Non-Behavioral Health Indications

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:

Biofeedback for Non-Behavioral Health Indications is a procedure that uses cognitive and behavioral techniques to teach the patient self-regulation of biologic processes.

INDICATIONS: Requires Prior Medical Director or designee Authorization for members with specific benefit coverage that includes biofeedback training.

For Medicare Business Segment

Biofeedback is covered for the treatment and management of urinary incontinence (stress, urge, mixed) with documentation of failed pelvic muscle exercise (PME) training. A failed trial of PME training is defined as no clinically significant improvement in urinary incontinence after completing 4 weeks of an ordered plan of pelvic muscle exercises to increase periurethral muscle strength.

- Biofeedback therapy is covered under Medicare when it is reasonable and necessary for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful.

For Medicaid Business segment:

Biofeedback will be considered medically necessary for Medicaid members for any of the following indications:

- urinary incontinence
- migraine and tension-type headache
- anal spasm, incontinence of feces
- muscular wasting and disuse atrophy
- muscle spasm

For Commercial Lines of Business:

For contracts in which biofeedback is not specifically excluded, biofeedback will be considered medically necessary for any of the following indications:

- Migraine and tension-type headache
- Urinary incontinence (stress, urge, mixed) with documentation of failed pelvic muscle exercise (PME) training
- Anal spasm
- Incontinence of feces
- Muscular wasting and disuse atrophy
- Muscle spasm

LIMITATIONS:

There must be documentation in the member's medical record to support the following:

1. The members must be motivated to actively participate in the treatment plan.
2. The members must be capable of participating in the treatment plan (both physically and intellectually).
3. The member's condition can be appropriately treated with biofeedback and pathology does not exist to prevent success of the treatment.

EXCLUSIONS:

For contracts in which biofeedback is not specifically excluded, biofeedback is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions.

Home use (unsupervised) of biofeedback therapy is not covered (e.g., RESPeRATE®, Innosense®).

Coverage for biofeedback for any indication other than as outlined in this policy is considered to be Experimental, Investigational or Unproven and therefore **NOT COVERED**. Specific benefit exclusions may also apply per the **Exclusions** section of the applicable benefit documents.

The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this technology on health outcomes when compared to established tests or technologies.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Biofeedback

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

90901 Biofeedback training by any modality

90911 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 1/95

Revised: 6/96; 2/98; 12/02; 02/03 (clarify investigational status), 3/04 (definition, exclusions, references); 4/05, 4/06; 4/07, 5/12(added PME to indications and codes); 5/15; 5/16, 4/17, 4/18 (add headache indication)

Reviewed: 4/08, 4/09, 4/10, 5/11, 5/13, 5/14, 1/15