



# Geisinger Health Plan Policies and Procedure Manual

**Policy: MP004**

**Section: Medical Benefit Policy**

**Subject: Biofeedback for Non-Behavioral Health Indications**

**Applicable line of business:**

<b>Commercial</b>	<b>x</b>	<b>Medicaid</b>	<b>x</b>
<b>Medicare</b>	<b>x</b>	<b>ACA</b>	<b>x</b>
<b>CHIP</b>	<b>x</b>		

**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.

**Commercial**

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicare**

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

**CHIP**

Geisinger Health Plan Kids (GHP Kids) is a Children’s Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicaid**

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization

**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**

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- 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 (See also: NCD30.1 Biofeedback Therapy)**

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.
- stress or urge incontinence
- fecal incontinence or constipation in selected patients with organic neuromuscular impairment

### **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
- Cancer pain

#### **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 considered **Unproven** and not covered for treatment of ordinary muscle tension states or for psychosomatic conditions, or for any condition not specified in this policy. 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.

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 Unproven and therefore **NOT COVERED**. Specific benefit exclusions may also apply per the **Exclusions** section of the applicable benefit documents.

Surface electrode electromyography (sEMG) Biofeedback is considered to be of **Unproven** value and therefore **NOT COVERED**. There is insufficient evidence in the published peer-reviewed medical literature to support the use of home (unattended) sEMG/Biofeedback for any indication.

Neurofeedback is considered to be of **Unproven** value and therefore **NOT COVERED**. There is insufficient evidence in the published peer-reviewed medical literature to support the use of neurofeedback for any indication.

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.

#### **Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

**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](http://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
- 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
- E0746 Electromyography (EMG), biofeedback device
- S9002 Intra-vaginal motion sensor system

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 supercede 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); 4/19 (add Medicare Indications); 5/21 (add Commercial cancer pain indication) 5/24 (add exclusion for sEMG Biofeedback, and neurofeedback); 5/25 (add CMS cross-reference, clarify exclusion)

**Reviewed:** 4/08, 4/09, 4/10, 5/11, 5/13, 5/14, 1/15, 5/20, 5/22, 5/23

**CMS UM Oversight Committee Approval:** 12/23, 7/24, 7/25

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Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health

Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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