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ACTION:

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> New Policy | Effective Date: 09/14/2009 |
| <input checked="" type="checkbox"/> Revising Policy Number : <u>CMS02.12</u> | Review Dates: 01/07/11, 02/28/12, 06/06/14,
06/03/16, 05/15/18 |
| <input type="checkbox"/> Superseding Policy Number | |
| <input type="checkbox"/> Archiving Policy Number | |
| <input type="checkbox"/> Retiring Policy Number | |

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement.

Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008, Biofeedback: Chapter 7, Section 4.1.

For Advantage MD, see [Medicare Coverage Database](#):

Local Coverage Determination (LCD): Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L34977)


National Coverage Determination (NCD) for Biofeedback Therapy (30.1)

National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1)

- I. When benefits are provided under the member's contract, JHHC considers biofeedback to be medically necessary for any of the following indications:
 - A. Chronic constipation
 - B. Fecal incontinence
 - C. Migraine and tension headaches.
 - D. Urinary incontinence

- II. The health care provider administering biofeedback must be a licensed healthcare professional.

- III. Unless specific benefits are provided under the member's contract, JHHC considers biofeedback **not** medically necessary if there has been no documented clinical benefit after twelve (12) weeks of treatment.

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- IV. Unless specific benefits are provided under the member's contract, JHHC considers biofeedback experimental and investigational for all other indications, as it does not meet Technology Evaluation Criteria (TEC) #2-5. Refer to: [CMS01.00 Medical Policy Introduction Technology Evaluation Criteria \(TEC\) #2-5](#)
- V. Unless specific benefits are provided under the member's contract, JHHC considers the use of in-home biofeedback devices experimental and investigational for any conditions, as they do not meet Technology Evaluation Criteria (TEC) #2-5 Refer to: [CMS01.00 Medical Policy Introduction Technology Evaluation Criteria \(TEC\) #2-5](#)

BACKGROUND:


Biofeedback Therapy is a technique by which a person learns to control one or more physiologic processes within their body. By using biomedical instruments, an individual receives input from a specific physiologic system within one's body and is able to learn to modify the performance of that particular system.

Biofeedback therapy provides visual, auditory or other evidence of the status of physiological variables so that voluntary control can be exerted over these functions. As a result, abnormal bodily conditions may be rectified. Examples of variables that may be regulated via biofeedback are heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone. The biofeedback circuit consists of electrical devices that translate information about the physiological function of interest into a tone or light, which is seen or heard by the individual for whom the biofeedback therapy is occurring. Types of Biofeedback are listed below; inclusion does not imply coverage.

Electrodermal Response (EDR): or Galvanic skin response measures electrical conductance in the skin, which is associated with the activity of the sweat glands. A very slight electrical current (unnoticeable) is run through the skin. The machine measures changes in the salt and water in the sweat gland ducts. The more emotionally aroused one is, the more active the sweat glands are and the greater the electrical conductivity of the skin.

Electrothermal: A Temperature sensor (thermistors/sensor) taped to finger to measure skin temperature which may allow one to become consciously aware in real time of changes in peripheral skin temperature and indirectly blood flow changes. When one is tense or anxious, the skin temperature drops as blood is redirected inward to muscles and internal organs.

Electromyogram (EMG): The electromyogram measures muscle tension. Two electrodes (or sensors) are placed on the skin over the muscle to be monitored. The most common muscles that biofeedback practitioners will use are the frontalis, the masseter, and the trapezius. EMG can often detect some electrical activity in the muscles. More often EMG is used to promote relaxation

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in muscles that have become tense in response to stress. When the electrodes detect muscle tension, the machine gives a signal, such as a colored light or sound. In this way, the patient can see or hear continuous monitoring of muscle activity and increase their awareness of how the activity (or tension) feels.

Neurofeedback (EEG): A process used to regulate (increase or decrease) specific brain activity using real-life feedback from a scalp electroencephalogram (EEG). Electrodes are placed on the patient’s scalp, and target brain waves and event-related potentials are recorded and processed by an electroencephalograph and computer. Concurrent feedback is provided to the patient, typically as a visual representation, or in the format of a video game. Feedback for desirable activity may include sounds or visual cues, points, or increased control in the computer game. Undesirable activity is discouraged by similar means (Hayes, 2017).

Heart Rate Variability (ECG): This type of biofeedback uses finger or earlobe sensors with a device called a photoplethysmograph or sensors placed on your chest, lower torso or wrists using an electrocardiograph (ECG) to measure your heart rate and heart rate variability.


CODING INFORMATION:

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

PRE- AUTHORIZATION REQUIRED
Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

Employer Health Programs (EHP) refer to specific Summary Plan Description (SPD). If there is no criteria in the SPD, apply the Medical Policy criteria	Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply the Medical Policy criteria	US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria	Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria
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CPT ® CODES	DESCRIPTION
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
90901	Biofeedback training by any modality
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry

NOT COVERED

CPT ® CODES	DESCRIPTION
E0746	Electromyography (EMG), biofeedback device

ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

ICD10 CODES	DESCRIPTION
G43.001- G43.919	Migraines
G44.201- G44.229	Tension-type headache
K59.00- K59.09	Constipation
N39.0- N39.9	Urinary Incontinence
R15.0- R15.9	Fecal Incontinence
REVENUE CODES	DESCRIPTION
0917	Behavioral Health Treatments/Services-Extension of 090X-Bio Feedback Hospital; outpatient

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REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

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