Biofeedback

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary biofeedback.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Biofeedback – Technique intended to teach individuals self-regulation of certain physiologic processes not normally considered to be under voluntary control.

PROCEDURES

1. A prior authorization is required.

2. Biofeedback for constipation in adults may be considered medically necessary for individuals with dyssynergia-type constipation as demonstrated by meeting ALL of the following criteria:

    - Symptoms of functional constipation that meet ROME IV criteria; and

- Objective physiologic evidence of pelvic floor dyssynergia demonstrated by inappropriate contraction of the pelvic floor muscles or less than 20% relaxation of basal resting sphincter pressure by manometry, imaging or electromyography (EMG); and
- Failed a three (3) month trial of standard treatments for constipation including laxatives, dietary changes, and exercises (as many of the previous as are tolerated).

Biofeedback may be considered medically necessary as part of the overall treatment plan for migraine and tension-type headache. Before a biofeedback program is introduced, a physician must determine that the headaches are not pathological in nature. Such pathologies include:

- Brain tumors; or
- Hematoma; or
- Edema; or
- Aneurysm; or
- Disease of the eyes, ears, or sinus.

Biofeedback may be considered medically necessary for the treatment of stress and/or urge incontinence in cognitively intact individuals who have failed a documented trial of pelvic muscle exercise (PME) training. A failed trial is defined as no clinically significant improvement in urinary continence after completing four (4) weeks of an ordered regimen of PMEs.

Biofeedback using capnometry guided respiratory intervention (CGRI) (e.g., Freespira) may be considered medically necessary as part of the overall treatment plan for adult individuals (age 18 and older) diagnosed with panic disorder and/or posttraumatic stress disorder (PTSD) when the individual is capable of participating in the treatment plan (physically and cognitively).

Biofeedback, not meeting the criteria as indicated in this policy is considered experimental/investigational, and therefore noncovered because the safety and efficacy cannot be established by the review of the available published peer-reviewed literature.

3. Functional constipation ROME IV diagnostic criteria

- Must include two or more of the following:
  - Straining during at least 25% of defecations; or
  - Lumpy or hard stools in at least 25% of defecations; or
  - Sensation of incomplete evacuation for at least 25% of defecations; or
  - Sensation of anorectal obstruction/blockage for at least 25% of defecations; or
  - Manual maneuvers to facilitate at least 25% of defecations (e.g., digital evacuation, support of the pelvic floor); or
  - Fewer than three defecations per week; and
- Loose stools are rarely present without the use of laxatives; and
- Insufficient criteria for irritable bowel syndrome.

*Criteria fulfilled for the last three (3) months with symptom onset at least six (6) months prior to diagnosis.

4. Post-payment audit statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

5. Place of service: inpatient/outpatient

   Experimental/investigational (E/I) services are not covered regardless of place of service.

   Biofeedback is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
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.

COVERED DIAGNOSIS CODES

Codes						
F40.01	F41.0	G43.001	G43.009	G43.011	G43.019	G43.101
G43.109	G43.111	G43.119	G43.401	G43.409	G43.411	G43.419
G43.501	G43.509	G43.511	G43.519	G43.701	G43.709	G43.711
G43.719	G43.801	G43.809	G43.811	G43.819	G43.901	G43.909
G43.911	G43.919	G44.201	G44.209	G44.211	G44.219	G44.221
G44.229	K59.00	K59.01	K59.02	K59.03	K59.04	K59.09
N39.3	N39.41	N39.46	N39.491	N39.492	R15.0	R15.1
R15.2	R15.9	R32				

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

Damin DC, Hommerding F, Schirmer D. et al. Patient-controlled biofeedback device for the treatment of fecal incontinence: A pilot study. Appl Psychophysciol Biofeedback. 2017;42:133-137.

Kaiser RS, Mooreville M, Kannan K. Psychological interventions for the management of chronic pain: A review of current evidence. Current Pain And Headache Reports. 2015;19(9):43.

Kaplan A, Mannarino A, Nickell PV. Evaluating the impact of Fresspira on panic disorder patients' health outcomes and healthcare cost within the Allegheny Health Network. Appl Psychophys Biof. 2020;45:175–181.

Markland AD, Jelovsek JE, Whiteheat WE, et al. Improving biofeedback for the treatment of fecal incontinence in women: Implementation of a standardized multi site manomentric biofeedback protocol. Neurograstrennerol Motil. 2017;29 e12906.

Sloan, D. M.; Marx, B. P.;. Lee, D. J.; Resick, P. A..A brief exposure-based treatment vs cognitive processing therapy for posttraumatic stress disorder: A randomized noninferiority clinical trial. JAMA Psychiatry. .2017:4249.

Tolin DF, McGrath PB, Hale LR, Weiner DN, Gueorguieva R. A multisite benchmarking trial of capnometry guided respiratory intervention for panic disorder in naturalistic treatment settings. Appl Psychophysiol Biofeedback. 2017;1-8.

POLICY UPDATE HISTORY

<Date>	<Event>