



Biofeedback

Last Revision/Review Date: January 16, 2019

P&P # C.6.25

A. Documentation Required:

Referral requests for Biofeedback to treat Spastic Torticollis, Headache or pelvic floor muscle retraining in pediatric patients with Voiding Dysfunction must include **ALL** the following:

1. The diagnosis and reported symptoms of the illness that supports the request for biofeedback therapy; **AND**
2. Documentation from treating providers that support the patient is a candidate for biofeedback along with past medical history; **AND**
3. An order from the provider to process the referral request for Biofeedback to treat spastic torticollis, headache or pelvic floor muscle retraining for pediatric voiding dysfunction.

B. Criteria for Medical Necessity:

1. Biofeedback is considered medically necessary for treatment of **ANY** of the following indications:
 - a. Torticollis (spasmodic neck muscles); **OR**
 - b. Headache, including but not limited to migraine, vascular or tension after appropriate diagnostic evaluation; **OR**
 - c. Pelvic floor muscle retraining for pediatric voiding dysfunction (Refer to the Certificate of Coverage for benefit limits related to this indication).

NOTE: Coverage is limited to a maximum of one biofeedback session daily in an outpatient setting.

C. Indications Considered Experimental, Investigational or not Medically Necessary: *(Not all-inclusive)*

1. Biofeedback is considered experimental, investigational or unproven for any indication other than those outlined in the policy above (Spastic Torticollis, Headache or Pelvic floor muscle retraining for pediatric voiding dysfunction);
2. In-home biofeedback devices for all indications are considered not medically necessary;

CPT/HCPCS CODES:

90901	Biofeedback training by any modality
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry

REFERENCES:

CMS Pub. 100-03 National Coverage Determination; Section 30.1 Biofeedback Therapy.

HAYES Search & Summary, Biofeedback for Spastic Torticollis September 15, 2016.

Kaushik R, Kaushik RM, Mahajan SK, and Rajesh V. 2005. [Biofeedback assisted diaphragmatic breathing and systematic relaxation versus propranolol in long term prophylaxis of migraine.](#) Complementary Therapies in Medicine. 13(3):165-174.

Silberstein SD. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2000 Sep 26;55(6):754-62.