



ND

Medical Policies



Print

Policy Number: Y-20

Policy Name: Biofeedback

Policy Type: Medical

Policy Subtype: Therapy

Effective Date: 09-15-2025

End Date: 11-02-2025

Description

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

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

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 percent 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.

Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device may be considered medically necessary for the non-surgical/non-pharmacological treatment of UI:

- Bladder retraining; **or**
- Habit training or timed voiding; **or**
- PME/Kegel which may be augmented by the use of biofeedback, electrical stimulation of the pelvic floor, or the use of vaginal weights; **or**
- Myofacial release and pelvic floor relaxation exercise.

Urinary continence therapy not meeting the criteria as indicated in this policy is considered not medically necessary.

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, not covered because the safety and efficacy cannot be established by review of the available published peer-reviewed literature.

Procedure Codes

90875	90876	90901	90912	90913	A9279	E0746
S9002						

Functional Constipation Rome IV Diagnostic Criteria

- Must include two (2) or more of the following:
 - Straining during at least 25 percent of defecations; **or**
 - Lumpy or hard stools in at least 25 percent of defecations; **or**
 - Sensation of incomplete evacuation for at least 25 percent of defecations; **or**
 - Sensation of anorectal obstruction/blockage for at least 25 percent of defecations; **or**
 - Manual maneuvers to facilitate at least 25 percent of defecations (e.g., digital evacuation, support of the pelvic floor); **or**

- Fewer than three (3) 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.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Covered Diagnosis 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				

CURRENT CODING

CPT:

90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	Commercial
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	Commercial
90901	BIOFEEDBACK TRAINING ANY MODALITY	Commercial
90912	BFB TRAING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	Commercial

90913	BFB TRAINING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	Commercial
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	Medicaid Expansion
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	Medicaid Expansion
90901	BIOFEEDBACK TRAINING ANY MODALITY	Medicaid Expansion
90912	BFB TRAINING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	Medicaid Expansion
90913	BFB TRAINING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	Medicaid Expansion

HCPCS:

A9279	Monitoring feature/devicenoc	Commercial
E0746	Electromyograph biofeedback	Commercial
S9002	Intra-vag motion sens biofk	Commercial
A9279	Monitoring feature/devicenoc	Medicaid Expansion
E0746	Electromyograph biofeedback	Medicaid Expansion
S9002	Intra-vag motion sens biofk	Medicaid Expansion

References

1. 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.
2. Jelovsek JE, Markland AD, Whitehead WE, et al. Controlling fecal incontinence in women by performing anal exercises with biofeedback or loperamide: A randomized clinical trial. *Lancet Gastroenterol Hepatol.* 2019;4(9):698-710.
3. Wegh CAM, Baaleman DF, Tabbers MM, Smidt H, Benninga MA. Nonpharmacologic treatment for children with functional constipation: A systematic review and meta-analysis. *J Pediatr.* 2022;240:136-149.e5.
4. Hite M, Curran T. Biofeedback for pelvic floor disorders. *Clin Colon Rectal Surg.* 2021;34(1):56-61.
5. Alneyadi M, Drissi N, Almeqbaali M, Ouhbi S. Biofeedback-based connected mental health interventions for anxiety: Systematic literature review. *JMIR Mhealth Uhealth.* 2021;9(4):e26038.
6. Rao SSC, Go JT, Valestin J, Schneider J. Home biofeedback for the treatment of dyssynergic defecation: Does it improve quality of life and is it cost- effective? *Am J Gastroenterol.* 2019;114(6):938-944.
7. Medicare Internet Only Manual (IOM), Pub. 100-03, National Coverage Determinations (NCD) Manual, Chapter 1, Part 1, Section 30.1. Effective: This is a longstanding national coverage determination. The effective date of this version has not been posted.
8. Wu X, Zheng X, Yi X, Lai P, Lan Y. Electromyographic biofeedback for stress urinary incontinence or pelvic floor dysfunction in women: A systematic review and meta-analysis. *Adv Ther.* 2021;38(8):4163-4177.

9. Hagen S, Elders A, Stratton S, et al. Effectiveness of pelvic floor muscle training with and without electromyographic biofeedback for urinary incontinence in women: Multicentre randomised controlled trial. *BMJ*. 2020;371:m3719.
10. Santucci NR, Chogle A, Leiby A, et al. Non-pharmacologic approach to pediatric constipation. *Complement Ther Med*. 2021;59:102711.
11. Ostacher MJ, Fischer E, Bowen ER, Lyu J, Robbins DJ, Suppes T. Investigation of a capnometry guided respiratory intervention in the treatment of posttraumatic stress disorder. *Appl Psychophysiol Biofeedback*. 2021;46(4):367-376.
12. Minen MT, Corner S, Berk T, et al. Heart rate variability biofeedback for migraine using a smartphone application and sensor: A randomized controlled trial. *Gen Hosp Psychiatry*. 2021;69:41-49.

ND Committee Review

Internal Medical Policy Committee 09-26-2019 Policy revision - *Effective November 04, 2019*

- **Added** positive coverage statement for PTSD; and
- **Added** to Freespira, Adult individual clarified age 18 and older; and
- **Updated** ROME criteria version.

Internal Medical Policy Committee 12-17-2019 Coding update

- **Removed** Procedure Code 90911; and
- **Added** both Procedure Codes 90912 & 90913.

Internal Medical Policy Committee 11-19-2020 Annual review; expanding a definition. *Effective January 04, 2021*

Internal Medical Policy Committee 11-23-2021 *Effective January 03, 2022*

- **Updated** with clarifying language.

Internal Medical Policy Committee 11-29-2022 Annual review-no changes in criteria *Effective January 02, 2023*

Internal Medical Policy Committee 1-26-2023 Revision - *Effective March 06, 2023*

- **Updated** with clarifying language.

Internal Medical Policy Committee 3-19-2024 Coding update- *Effective April 01, 2024*

- **Added** procedure code S9002

Internal Medical Policy Committee 5-14-2024 Annual Review-no changes in criteria *Effective July 01, 2024*

- **Updated** references

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical

policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.