Coverage Summary

Biofeedback


Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 06/16/2020

Related Medicare Advantage Policy Guidelines:

- Biofeedback Therapy (NCD 30.1)
- Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

INDEX TO COVERAGE SUMMARY

I. COVERAGE
II. DEFINITIONS
III. REFERENCES
IV. REVISION HISTORY

I. COVERAGE

Coverage Statement: Biofeedback is covered in accordance with Medicare coverage criteria.

Guidelines/Notes:

1. Biofeedback therapy is covered only when it is reasonable and necessary for the individual patient 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. This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions. See the NCD for Biofeedback Therapy (30.1). (Accessed June 3, 2020)

2. Biofeedback for the treatment of stress and/or urge urinary incontinence is covered when criteria are met.

See the NCD for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1). (Accessed June 3, 2020)

Also see the Coverage Summary for Incontinence: Urinary and Fecal Incontinence, Diagnosis
3. Home use of biofeedback is not covered. See the NCD for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1). (Accessed June 3, 2020)

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

6/16/2020 • Routine review; no change to coverage guidelines