

# Biofeedback Therapy (NCD 30.1)

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**Related Medicare Advantage Policy Guideline**

- [Biofeedback Therapy for the Treatment of Urinary Incontinence \(NCD 30.1.1\)](#)

**Related Medicare Advantage Coverage Summaries**

- [Biofeedback](#)
- [Incontinence: Urinary and Fecal Incontinence, Diagnosis and Treatments](#)

## Policy Summary

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### Overview

Biofeedback therapy provides visual, auditory or other evidence of the status of certain body functions so that a person can exert voluntary control over the functions, and thereby alleviate an abnormal bodily condition. Biofeedback therapy often uses electrical devices to transform bodily signals indicative of such functions as heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone into a tone or light, the loudness or brightness of which shows the extent of activity in the function being measured.

Biofeedback therapy differs from electromyography, which is a diagnostic procedure used to record and study the electrical properties of skeletal muscle. An electromyography device may be used to provide feedback with certain types of biofeedback.

### Guidelines

Biofeedback therapy is covered by UnitedHealthcare only when it is reasonable and necessary for the individual member 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 Medicare Benefit Policy Manual, Chapter 15, for general coverage requirements about physical therapy requirements.)

Cross Reference: Please see NCD 30.1.1 Biofeedback Therapy for the Treatment of Urinary Incontinence.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes (Not covered)
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 45 minutes (Not covered)
90901	Biofeedback training by any modality
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 (List separately in addition to code for primary procedure)

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## References

### CMS National Coverage Determinations (NCDs)

#### [NCD 30.1 Biofeedback Therapy](#)

Reference NCD: [NCD 30.1.1 Biofeedback Therapy for the Treatment of Urinary Incontinence](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L34977 Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters</a>	<a href="#">A56530 Billing and Coding: Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L33615 Biofeedback</a>	<a href="#">A57635 Billing and Coding: Biofeedback</a> <a href="#">A55633 Biofeedback revision to the Part A and Part B LCD</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L33631 Outpatient Physical and Occupational Therapy Services</a>	<a href="#">A56566 Billing and Coding: Outpatient Physical and Occupational Therapy Services</a>	NGS	CT, IL, MA, ME, MN, NH, NY (Entire State), RI, VT, WI	CT, IL, MA, ME, MN, NH, NY (Down State), NY (Queens), NY (Upstate), RI, VT, WI
<a href="#">L34049 Outpatient Physical and Occupational Therapy Services</a>	<a href="#">A57067 Billing and Coding: Outpatient Physical and Occupational Therapy Services</a>	CGS	KY, OH	KY, OH
<a href="#">L34427 Outpatient Occupational Therapy</a>	<a href="#">A53064 Billing and Coding: Outpatient Occupational Therapy</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	
<a href="#">L34428 Outpatient Physical Therapy</a>	<a href="#">A53065 Billing and Coding: Outpatient Physical Therapy</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L34353 Outpatient Psychiatry and Psychology Services</a>	<a href="#">A57065 Billing and Coding: Outpatient Psychiatry and Psychology Services</a>	CGS	KY, OH	KY, OH
<a href="#">L33632 Psychiatry and Psychology Services</a>	<a href="#">A56937 Billing and Coding: Psychiatry and Psychology Services</a>	NGS	CT, IL, MA, ME, MN, NH, NY (Entire State), RI, VT, WI	CT, IL, MA, ME, MN, NH, NY (Down State), NY (Queens), NY (Upstate), RI, VT, WI
<a href="#">L37633 Partial Hospitalization Programs</a>	<a href="#">A56685 Billing and Coding: Partial Hospitalization Programs</a>	Palmetto	AL, GA, TN, NC, SC, VA, WV	
<a href="#">L37638 Health and Behavior Assessment/Intervention</a>	<a href="#">A56562 Billing and Coding: Health and Behavior Assessment/Intervention</a>	Palmetto	AL, GA, TN, NC, SC, VA, WV	AL, GA, TN, NC, SC, VA, WV
N/A	<a href="#">A52755 Outpatient Therapy Biofeedback Training</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	<a href="#">A53352 Outpatient Therapy Biofeedback Training</a>	Noridian	AS, CA (Entire State), GA, HI, MP, NV	AS, CA (Northern, Southern), GA, HI, MP, NV
N/A	<a href="#">A52434 Health and Behavior Assessment/Intervention – Medical Policy Article</a>	NGS	CT, IL, MA, ME, MN, NH, NY (Entire State), RI, VT, WI	CT, IL, MA, ME, MN, NH, NY (Down State), NY (Queens), NY (Upstate), RI, VT, WI

LCD	Article	Contractor	HHH MAC
<a href="#">L34560 Home Health Occupational Therapy</a>	<a href="#">A53057 Billing and Coding: Home Health Occupational Therapy</a>	Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX
<a href="#">L33942 Physical Therapy - Home Health</a>	<a href="#">A57311 Billing and Coding: Physical Therapy - Home Health</a>	CGS	CO, DC, DE, IA, KS, MD, MO, MT, NE, ND, PA, SD, UT, VA, WV, WY
<a href="#">L34564 Home Health Physical Therapy</a>	<a href="#">A53058 Billing and Coding: Home Health Physical Therapy</a>	Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX

## CMS Benefit Policy Manual

[Chapter 15: § 220 Coverage of Outpatient Rehabilitation Therapy Services \(Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services\) Under Medical Insurance](#)

## CMS Transmittal(s)

[Transmittal 2736, Change Request 8257, Dated 06/28/2013 \(Billing Social Work and Psychological Services in Comprehensive Outpatient Rehabilitation Facilities \(CORFs\)\)](#)

## MLN Matters

[Article MM11501, 2020 Annual Update to the Therapy Code List](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
02/10/2021	<b>Applicable Codes</b> <ul style="list-style-type: none"><li>Removed CPT code 90911</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG025.05</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).