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1.0 Description of the Procedure, Product, or Service

Biofeedback is a treatment modality designed to facilitate self-regulation of bodily processes. In general, biofeedback employs sophisticated instrumentation designed to help a recipient become aware of change in physical process in order to help the recipient achieve better control of these processes.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary **AND**

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. Biofeedback therapy is an accepted procedure for the treatment of the following conditions:
 1. Muscle contraction headaches
 2. Muscle re-education or muscle tension
 3. Raynaud's Phenomena
 4. Migraine headaches
 5. Torticollis, including facial tics
 6. Paralumbar or back pain
 7. Stress urinary incontinence
- b. Requests for coverage of biofeedback for treatment of behavioral health conditions will be reviewed by DMA's vendor for individual consideration

4.0 When the Procedure, Product or Service is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; **OR**
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. Biofeedback is considered investigational and is not covered for any indication other than the diagnoses listed in **Subsection 3.2.a.**, or when approved for behavioral health conditions by the NCHC Mental Health state-wide vendor's Medical Director as outlined in **Subsection 3.2.b.**
- b. Purchase or rental of equipment used for biofeedback therapy is not covered.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required.

5.2 Treatments

Benefits are limited to a total of 14 treatments in a 12-month period for any condition or combination of conditions listed under **Subsection 3.2.a.**, with the exception of torticollis, which is limited to 40 treatments in a 12-month period.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
April 30, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all Medicaid guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

ICD-9-CM Codes				
728.85	784.0	728.89	443.0	346 – 346.9
300.11	306.0	333.83	714.0	723.5
754.1	767.8	781.93	847.0	724.2
724.5	625.6	788.32		

C. Procedure Code(s)

CPT Code
90901 and 90911
90875 and 90876 are covered when approved as outlined in Subsection 3.2.b
Revenue code:
917
ICD-9-CM procedure code:
94.39

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Outpatient Hospital, and Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.