Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member’s EOC or benefit document.
- For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements.
- Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines

I. Procedure/Service: Biofeedback

II. Coverage Indications

Biofeedback is considered second or third line treatment option for the following conditions and is a covered service along with other rehabilitation treatments.

A. Pain related to:
   1. Migraine and tension headaches;
   2. Temporo-mandibular joint syndrome;
   3. Pelvic or anal pain;
   4. Cancer pain

B. GU/GI related
   1. Urinary and fecal incontinence;
   2. Pelvic organ prolapse, with or without incontinence;
   3. Irritable bowel syndrome;
   4. Levator Ani syndrome;
   5. Constipation;
   6. Voiding dysfunction in the pediatric population

C. Neuro/muscular related third line treatment
   1. Tinnitus;
   2. Raynaud's disease;

III. Exclusions

All other indications for use are considered experimental and investigational and are not covered.
References


3. Angoules AG; Balakatounis KC; Panagiotopoulou KA; Mavrogenis AF; Mitsiokapa EA; Papagelopoulos PJ. Effectiveness of electromyographic biofeedback in the treatment of musculoskeletal pain. *Orthopedics* 2008;31(10):980-4.


7. Cochrane Review published on line July 2012 Exercises of the muscles around the anus with or without biofeedback (aids for knowing when the muscles are contracting) for the treatment of fecal incontinence in adults.


15. Pelvic Floor Rehabilitation for myofascial pelvic pain, Medical Coverage Policy. Kaiser Permanente, Mid-Atlantic States,

16. Medicare Coverage Database; National Coverage Determination (NCD) for Biofeedback Therapy 30.1
and Biofeedback Therapy for the Treatment of Urinary Incontinence, Pelvic Muscle Exercise (30.1.1) Accessed 02/12/2017.


## Approval History

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*The Regional Utilization Management Committee received delegated authority to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.

### Approval History

Effective June 01, 2016, state filing no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

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Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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