

# Highmark Commercial Medical Policy- PA, WV, DE, NY

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Medical Policy:	Y-20-042013
Topic (or Title):	Biofeedback
Section:	Therapy
Effective Date:	February 12, 2023 January 12, 2026
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Biofeedback is a technique intended to teach individuals self-regulation of certain physiologic processes not normally considered to be under voluntary control.

## Policy Position

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 **ALL** of the following indications:

- Treatment of stress and/or urge incontinence; **and**
- in cognitively intact Individuals **is cognitively intact; and**
- Individual who have **has** 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.

Biofeedback using capnometry guided respiratory intervention (CGRI) (e.g., Freespira) may be considered medically necessary for **ALL** of the following indications:

- As part of the overall treatment plan for adult individuals (age 18 and older) **age 13 or older; and**
- Individual **is** diagnosed with panic disorder and/or posttraumatic stress disorder (PTSD); **and**
- when the Individual **is capable of** **can participating** **participate** 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 the review of the available published peer-reviewed literature.

Neurofeedback, neurobiofeedback or EEG biofeedback is considered experimental/investigational, and therefore, not covered because the safety and efficacy cannot be established by the review of the available published peer-reviewed literature.

### Procedure Codes

90875      90876      90901      90912      90913      A9279      E0746

### 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.

### Related Policies

Refer to Medical Policy Y-12, Urinary Incontinence Therapy, for additional information.

### 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				

### Place of Service: Inpatient/Outpatient

Experimental/Investigational (E/I) services are not covered regardless of place of service.

Biofeedback is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

### The policy position applies to all commercial lines of business

### Operational Guidelines

## Links

- [Link to References](#)

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*This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.*

*Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract, and subject to the applicable laws of your state.*

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- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
  - *Qualified sign language interpreters*
  - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*
- *Provides free language services to people whose primary language is not English, such as:*
  - *Qualified interpreters*
  - *Information written in other languages*

*If you need these services, contact the Civil Rights Coordinator.*

*If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.*

*You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:*

*U.S. Department of Health and Human Services*

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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DRAFT

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。IDカードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود ( TTY: 711 ) تماس بگیرید.