

**Biofeedback**

**Policy Number: ME0075**

**Active policy, not scheduled for routine review.**

**Definition:**

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

**Coverage:**

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

**Approval Procedures:**

Prior approval is not required.

**Limitations and Exclusions:**

1. Biofeedback is not covered for any diagnosis other than those listed in 1. through 7. under "Covered" above, with the exception that limited coverage may be provided for certain behavioral health conditions based on individual consideration review by the Plan's Mental Health Case Manager.
2. Benefits are limited to a total of 14 treatments in a 12-month period for any condition or combination of conditions listed under 'Coverage' above, with the exception of torticollis, which is limited to 40 treatments in a 12-month period.
3. Purchase or rental of equipment used for biofeedback therapy is not covered.

**Source:**

G.S. 135-40.6(7)a

G.S. 135-40.6(8)i

**Reviewed:**

December 1989

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**Revised:**

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