

**NMNC 5.503.03 Biofeedback**

Biofeedback is a process that enables an individual to learn how to change physiological activity for the purpose of improving health and performance. Precise instruments measure physiological activity, such as brainwaves, heart function, breathing, muscle activity and skin temperature. These instruments rapidly and accurately “feedback” information to the user. The presentation of this information – often in conjunction with changes in thinking emotions and behavior – supports desired physiological changes. Over time, these changes can endure without continued use of an instrument.<sup>1</sup>

Although all treatment approval is subject to the general admission and exclusion criteria delineated below, the following are guidelines regarding the most common issues:

- Biofeedback has been used to treat children and adults with a wide variety of medical and behavioral health issues. Biofeedback is used for medical conditions, including but not limited to: fecal incontinence, irritable bowel syndrome, chronic constipation, migraines, and adjunctive treatment for Raynaud’s disease, tension headaches, pain and neuromuscular rehabilitation after a stroke or traumatic brain injury. Behavioral health conditions may include ADHD, anxiety and autism.
- Treatment of medical conditions may or may not be covered under the member’s physical health coverage. Requests for these disorders should be directed to the medical carrier. Coverage may be determined under the medical/behavioral mixed services protocol defining coverage responsibility.
- Biofeedback is typically performed in the outpatient office setting. It is not typically provided as a stand-alone treatment, but used adjunctively to other therapies, including psychotherapy and medication.
- There is no current required separate certification in biofeedback. However, there are certification entities (i.e., Biofeedback Certification International Alliance).
- Biofeedback may or may not be a covered health plan benefit. When biofeedback is requested to treat a behavioral health condition and not covered, an administrative determination of non-coverage will be rendered. The current determination by Beacon Health Options Scientific Review Committee is that biofeedback does not currently meet the criteria standard for inclusion as an evidence-based treatment for behavioral health disorders. Although not conclusive, the treatment of anxiety disorders has the most supporting evidence for the use of biofeedback.
- Application of the following criteria is contingent on biofeedback being a covered benefit/non-excluded from a state or client-specific contract.
- If biofeedback is specifically included as a covered benefit and the request is for the treatment of an anxiety disorder, these criteria are to be used.
- If biofeedback is specifically included as a covered benefit and the request is for any other diagnosis than an anxiety disorder, the specific diagnosis must be included under the biofeedback coverage document for these medical necessity criteria to be used. If the particular diagnosis is not specifically covered, an administrative determination of non-coverage should be rendered (unproven for that diagnosis).

| <b>Admission Criteria</b>   | <b>Continued Stay Criteria</b>   | <b>Discharge Criteria</b>   |
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| <p><b>Either 1 or 2 of the following criteria must be met:</b></p> <p>1) Biofeedback is a listed covered benefit with no specific included diagnoses and is being requested for the treatment of an anxiety disorder listed in the most current version of the <i>DSM</i> and can be reasonably expected to respond to this treatment</p> | <p><b>All of the following criteria must be met:</b></p> <p>1) Member continues to meet admission criteria for biofeedback</p> <p>2) Member does not require a more intensive level of care or service, and no less intensive services are appropriate</p> | <p><b>Any one of the following criteria must be met for discharge from this level of care:</b></p> <p>1) Member’s documented treatment plan goals and objectives have been substantially met; or</p> <p>2) Member no longer meets admission criteria, or meets criteria for a less or</p> |

<sup>1</sup> Association for Applied Psychophysiology and Biofeedback, 2008

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| <p>modality as a component of a comprehensive treatment plan; or</p> <p>2) Biofeedback is a covered benefit with specific included diagnoses and the request for services is for a covered diagnosis listed in the most recent <i>DSM</i> and can be reasonably expected to respond to this treatment modality as a component of a comprehensive treatment plan; and</p> <p>3) There are significant symptoms that interfere with the individual's ability to function in at least one life area</p> | <p>3) The frequency of sessions is occurring or scheduled to occur at a rate that is appropriate to the member's current symptoms, and no less frequency of sessions would be sufficient to meet his/her needs</p> <p>4) Treatment planning is individualized and appropriate to the member's changing condition with realistic and specific goals and objectives stated</p> <p>5) All services and treatment are carefully structured to achieve optimum results in the most efficient manner possible, consistent with sound clinical practice. Expected benefit from the biofeedback is documented.</p> <p>6) Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident, <b>or</b> continued biofeedback is expected to prevent the need for more intensive services or levels of care</p> <p>7) Care is rendered in a clinically appropriate manner and focused on the member's behavioral and functional outcomes as described in the discharge plan</p> <p>8) When medically necessary, appropriate psychopharmacological</p> | <p>more intensive service or level of care; or</p> <p>3) Member is competent and non-participatory in treatment, or the member's non-participation is of such degree that treatment is rendered ineffective, or unsafe despite multiple, documented attempts to address non-participation issues; or</p> <p>4) Consent for treatment is withdrawn and it is determined that the member has the capacity to make an informed decision; or</p> <p>5) Member is not making progress toward treatment goals, and there is no reasonable expectation of progress with this treatment approach; or</p> <p>6) It is reasonably predicted that continuing stabilization can occur with discontinuing biofeedback with ongoing medication management and/ or psychotherapy and community support</p> |
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|   | <p>intervention has been prescribed and/or evaluated in a timely manner</p> <p>9) There is documented active discharge-planning from the beginning of treatment, which includes ensuring the ability of the member to continue the biofeedback-learned techniques independently after discharge</p> |  |
| <p><b>Exclusions</b></p> <p>Any <b>one</b> of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> <li>1) Biofeedback is being requested for a physical health condition (request should be directed to medical plan); or).</li> <li>2) Member has conditions or impairments that would prevent beneficial utilization of biofeedback; or</li> <li>3) Biofeedback is being requested for any behavioral health diagnosis except one specifically listed as covered under the benefit plan, <b>OR</b> is an anxiety disorder in the absence of specifically covered diagnoses listed in the most recent version of the <i>DSM</i>; or</li> <li>4) Biofeedback is not being used as an adjunctive treatment in a comprehensive treatment regimen</li> <li>5) Standard accepted outpatient treatments (including psychotherapy and medication management) are sufficient to safely and effectively treat the individual</li> </ol>   |   |  |
| <p><b>Reference Sources</b></p> <p>Beacon’s Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:</p> <ol style="list-style-type: none"> <li>1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)             <ol style="list-style-type: none"> <li>a. National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines</li> <li>b. National health institutes: National Institutes of Health (NIH), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institutes of Drug Abuse (NIDA), Substance Abuse and Mental Health Services Administration (SAMHSA)</li> <li>c. Professional publications and psychiatric texts: [see Beacon’s <a href="#">Publication Reference Table</a>]</li> <li>d. Federal/state regulatory and industry accreditation requirements, including CMS’s National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)</li> <li>e. National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)</li> </ol> </li> </ol> |   |  |