



MASSACHUSETTS

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Medical Policy Biofeedback as a Treatment of Headache

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Policy Number: 152

BCBSA Reference Number: 2.01.29 (For Plans internal use only)
NCD/LCD: N/A

Related Policies

- Biofeedback as a Treatment for Urinary Incontinence, #[173](#)
- Biofeedback as a Treatment of Fecal Incontinence or Constipation, #[308](#)
- Biofeedback for Miscellaneous Indications, #[187](#)
- Biofeedback as a Treatment for Chronic Pain, #[210](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Biofeedback may be considered **MEDICALLY NECESSARY** as part of the overall treatment plan for migraine and tension-type headache.

Biofeedback for the treatment of cluster headache is **INVESTIGATIONAL**.

Unsupervised home use of biofeedback for treatment of headache is **NOT MEDICALLY NECESSARY**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .
Medicare HMO Blue SM	Prior authorization is not required .
Medicare PPO Blue SM	Prior authorization is not required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes
90901	Biofeedback training by any modality

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
G43.001	Migraine without aura, not intractable, with status migrainosus
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.101	Migraine with aura, not intractable, with status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.111	Migraine with aura, intractable, with status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.401	Hemiplegic migraine, not intractable, with status migrainosus
G43.409	Hemiplegic migraine, not intractable, without status migrainosus
G43.411	Hemiplegic migraine, intractable, with status migrainosus
G43.419	Hemiplegic migraine, intractable, without status migrainosus
G43.501	Persistent migraine aura without cerebral infarction, not intractable, with status migrainosus
G43.509	Persistent migraine aura without cerebral infarction, not intractable, without status migrainosus
G43.511	Persistent migraine aura without cerebral infarction, intractable, with status migrainosus
G43.519	Persistent migraine aura without cerebral infarction, intractable, without status migrainosus
G43.601	Persistent migraine aura with cerebral infarction, not intractable, with status migrainosus

G43.609	Persistent migraine aura with cerebral infarction, not intractable, without status migrainosus
G43.611	Persistent migraine aura with cerebral infarction, intractable, with status migrainosus
G43.619	Persistent migraine aura with cerebral infarction, intractable, without status migrainosus
G43.701	Chronic migraine without aura, not intractable, with status migrainosus
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
G43.801	Other migraine, not intractable, with status migrainosus
G43.809	Other migraine, not intractable, without status migrainosus
G43.811	Other migraine, intractable, with status migrainosus
G43.819	Other migraine, intractable, without status migrainosus
G43.821	Menstrual migraine, not intractable, with status migrainosus
G43.829	Menstrual migraine, not intractable, without status migrainosus
G43.831	Menstrual migraine, intractable, with status migrainosus
G43.839	Menstrual migraine, intractable, without status migrainosus
G43.901	Migraine, unspecified, not intractable, with status migrainosus
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.911	Migraine, unspecified, intractable, with status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus
G43.A0	Cyclical vomiting, not intractable
G43.A1	Cyclical vomiting, intractable
G43.B0	Ophthalmoplegic migraine, not intractable
G43.B1	Ophthalmoplegic migraine, intractable
G43.C0	Periodic headache syndromes in child or adult, not intractable
G43.C1	Periodic headache syndromes in child or adult, intractable
G43.D0	Abdominal migraine, not intractable
G43.D1	Abdominal migraine, intractable
G44.201	Tension-type headache, unspecified, intractable
G44.209	Tension-type headache, unspecified, not intractable
G44.211	Episodic tension-type headache, intractable
G44.219	Episodic tension-type headache, not intractable
G44.221	Chronic tension-type headache, intractable
G44.229	Chronic tension-type headache, not intractable

Description

Migraine, tension-type, and cluster headache are all primary headaches with distinct presentations.¹ Migraine is characterized by intense, often localized, pain or throbbing usually accompanied by nausea, vomiting, light and/or sound sensitivity. Tension headache pain tends to be less intense and may be bilateral or encircle the head. Both migraine and tension-type headache are relatively common conditions. Cluster headache occurs less frequently. Subjects with cluster headache have brief but intensely painful attacks that occur multiple times per day. Cluster attacks may last days, weeks, or months.

Biofeedback involves the feedback of a variety of types of physiologic information not normally available to the patient, followed by a concerted effort on the part of the patient to use this feedback to help alter the physiologic process in some specific way. Biofeedback training is done either in individual or group sessions, alone or in combination with other behavioral therapies designed to teach relaxation. A typical program consists of 10 to 20 training sessions of 30 to 60 minutes each. Training sessions are performed in a quiet, nonarousing environment. Subjects are instructed to use mental techniques to affect the physiologic variable monitored, and feedback is provided for the successful alteration of the physiologic parameter. This feedback may be signals such as lights or tone, verbal praise, or other auditory or visual stimuli.

The various forms of biofeedback differ mainly in the nature of the disease or disorder under treatment, the biologic variable that the subject attempts to control, and the information that is fed back to the subject. Biofeedback techniques include peripheral skin temperature feedback, blood-volume-pulse feedback (vasoconstriction and dilation), vasoconstriction training (temporalis artery), and electromyographic biofeedback; these may be used alone or in conjunction with other therapies (eg, relaxation, behavioral management, medication). In general, electromyographic biofeedback is used to treat tension headaches. With this procedure, electrodes are attached to the temporal muscles, and the patient attempts to reduce muscle tension. Feedback on the achievement of a decrease in muscle tension is provided to the subject, reinforcing those activities (behaviors or thoughts) that are effective. Thermal biofeedback is a commonly employed technique for migraine headache, in which patients learn to increase the temperature of their fingertips through the use of imagery and relaxation. In this technique, a temperature sensor is placed on the finger, and the subject is taught to increase peripheral vasodilation by providing feedback on skin temperature, an effect that is mediated through sympathetic activity. The combination of thermal biofeedback and relaxation training has also been used to improve migraine symptoms. The pulse amplitude recorded from the superficial temporal artery has also been used to provide feedback. Temporal pulse amplitude biofeedback has been used to treat both chronic tension-type headaches and migraine headaches.

Summary

Biofeedback is a technique intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control. Biofeedback is frequently used in conjunction with other therapies (eg, relaxation, behavioral management, medication) to reduce the severity and/or frequency of headaches.

For individuals who have migraines or tension-type headaches who receive biofeedback, the evidence includes systematic reviews. Relevant outcomes are symptoms, functional outcomes, and quality of life. The literature, which includes meta-analyses of a large number of controlled and uncontrolled studies, has suggested that this treatment can reduce the frequency and/or severity of migraines and tension-type headaches. Biofeedback, along with other psychologic and behavioral techniques (eg, relaxation training) may be particularly useful for children, pregnant women, and other adults who are unable to take certain medications. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have cluster headache who receive biofeedback, the evidence includes small case series and case reports. Relevant outcomes are symptoms, functional outcomes, and quality of life. No controlled trials were identified on biofeedback for cluster headache. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
1/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
2/2018	Clarified coding information.
1/2018	Annual policy review. New references added.
11/2015	Clarified coding information.
7/2015	Annual policy review. New references added.
5/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
5/2013	Annual policy review. New references added.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates.

	No changes to policy statements.
2/2011	Reviewed - Medical Policy Group – Psychiatry and Ophthalmology. No changes to policy statements.
1/2011	Updated - Medical Policy Group – Neurology and Neurosurgery. No changes to policy statements.
7/2010	BCBS Association National Policy Review. No changes to policy statements.
1/2010	Reviewed - Medical Policy Group – Neurology and Neurosurgery. No changes to policy statements.
12/1/2009	New Medical Policy 152 effective 12/1/2009. Describing covered and non-covered indications.
11/2007	Annual policy Review. No changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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