

Biofeedback (non-behavioral health)

Blue Care Network provides coverage for this procedure for adult and pediatric BCN HMO members who meet medical necessity criteria. Submit authorization requests through e-referral.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable codes: *90901, *90911

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See below for the questions you'll encounter in the e-referral system.

Q Is the request for an ADULT patient with ALL of the following (A-C)? A. Patient is cognitively intact B. Patient has either stress or urge urinary incontinence C. Patient has tried and failed at least 4 weeks of pelvic muscle exercise training

A Possible answers: Yes No N/A

Q Is this request for a PEDIATRIC patient with ALL of the following (A-D)? A. Patient has daytime urinary dysfunction B. Patient is at least four years old C. Any neurologic, anatomic, infectious or functional causes for the dysfunction are ruled out D. Patient can understand and follow verbal instructions

A Possible answers: Yes No N/A

Q Is this request for a patient with fecal incontinence or constipation AND ALL of the following (A-C)? A. Patient is motivated and mentally capable B. Patient has some degree of rectal sensation C. Patient can contract the external anal sphincter

A Possible answers: Yes No N/A

See below for the questions you'll encounter in the e-referral system. (continued)

Q Does the patient have MIGRAINE and TENSION-TYPE headaches AND the biofeedback is being used as part of the overall treatment plan?

A Possible answers: Yes No N/A

Q Does the patient have ANY of the following (A-C)? A. Cluster headaches B. Chronic pain C. High blood pressure D. History of stroke NOTE: If the patient does NOT have any of the following, you must select "No."

A Possible answers:
 Yes – cluster headaches
 Yes – chronic pain
 Yes – high blood pressure
 Yes – history of stroke
 No
 N/A