

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 30.5
TITLE: BIOFEEDBACK

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(70)(71)

RELATED AUTHORITY: 32 CFR 199.4(e)(17)

I. EFFECTIVE DATE

February 6, 1989

II. PROCEDURE CODE(S)

- A. 90875-90876, 90901, and 90911
- B. HCPCS Level II Code E0746

III. DESCRIPTION

Biofeedback therapy is a technique by which a person is taught to exercise control over a physiologic process occurring within the body. By using modern biomedical instruments the patient learns how a specific physiologic system within his body operates and how to modify the performance of this particular system.

IV. POLICY

A. CHAMPVA benefits are payable for services and supplies in connection with electrothermal, electromyography and electrodermal biofeedback therapy when there is documentation that the patient has undergone an appropriate medical evaluation, that their present condition is not responding to or no longer responds to other forms of conventional treatment, the patient is referred by a physician, and the therapy is rendered by an authorized provider. The following conditions are authorized:

1. Adjunctive treatment for Raynaud's Syndrome, or
2. Adjunctive treatment for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, or incapacitating muscle spasm or weakness. The following are examples of conditions for which biofeedback may be indicated. This list should not be construed as all-inclusive.
 - a. cerebral palsy,
 - b. dystonia,

- c. fibromyalgia,
- d. incomplete spinal cord lesion,
- e. incontinence, fecal or urinary, that can respond to self-conditioning,
- f. joint repair,
- g. low back strain,
- h. lower motor neuron lesion,
- i. muscle-tendon transfer,
- j. paralysis,
- k. peripheral nerve problems,
- l. rheumatoid arthritis,
- m. spasm,
- n. stroke,
- o. torticollis, and
- p. whiplash,

B. Biofeedback treatment is limited to a maximum of 20 combined inpatient and outpatient biofeedback treatments per calendar year. Treatments denied are not to be counted as part of the 20 allowed biofeedback treatment per calendar year.

C. Cost sharing is allowed for the initial intake evaluation usually billed under procedure code 90901. This initial evaluation is not to be included in the maximum yearly treatment limits.

V. POLICY CONSIDERATIONS

Claims Documentation. Claims submitted without documentation of physician referral that the patient has undergone an appropriate medical evaluation, and that the present condition is not responding to or no longer responds to other forms of conventional treatment, should be denied pending receipt of the required medical documentation.

VI. EXCLUSIONS

- A. Biofeedback for hypertension.
- B. Biofeedback for the treatment of migraine headaches.
- C. Biofeedback therapy provided for the treatment of ordinary muscle tension or for psychosomatic (i.e., psychophysiological or psychological factors affecting a medical condition) conditions (CPT codes 90901, 90875, and 90876). [38 CFR 17.272(a)(71)]
- D. Rental or purchase of biofeedback equipment. [38 CFR 17.272 (a)(70)]
- E. Treatment of psychosomatic conditions (i.e., psychophysiological or psychological factors affecting medical condition) and for CPT codes 90875 and 90876. This exclusion includes individual psychophysiological therapy incorporating biofeedback training.

END OF POLICY