

BIOFEEDBACK

Issue Date: January 23, 1984

Authority: [32 CFR 199.4\(e\)\(17\)](#)

I. PROCEDURE CODE RANGE

90901, 90911

II. 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.

III. POLICY

A. TRICARE benefits are payable for services and supplies in connection with electrothermal, electromyograph 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 a TRICARE-authorized provider for the following conditions:

1. Adjunctive treatment for Raynaud's Syndrome.
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. The following list should not be construed as all inclusive:
 - a. Incontinence, fecal or urinary, that can respond to self-conditioning.
 - b. Whiplash.
 - c. Muscle-tendon transfer.
 - d. Low back strain.
 - e. Joint repair.

- f. Torticollis.
- g. Stroke.
- h. Peripheral nerve problems.
- i. Spasm.
- j. Incomplete spinal cord lesion.
- k. Lower motor neuron lesion.
- l. Cerebral palsy.
- m. Dystonia.
- n. Paralysis.

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 treatments 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.

D. Claims received by the claims processor from providers which are not required to provide itemization of services rendered need not be developed for itemization by the claims processor.

IV. EXCLUSIONS

A. Cost-sharing for biofeedback therapy provided for the treatment of ordinary muscle tension states or for psychosomatic conditions (90901).

B. Cost-sharing for the rental or purchase of biofeedback equipment.

C. Cost-sharing for biofeedback for hypertension.

V. CLAIMS DOCUMENTATION

Claims submitted without (1) documentation of physician referral; (2) the patient has undergone an appropriate medical evaluation, and (3) their present condition is not responding to or no longer responds to other forms of conventional treatment, should be developed in accordance with the provisions outlined in the [OPM Part Two, Chapter 1, Section V.B.](#)

VI. EFFECTIVE DATE February 6, 1989.

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