

Medicare Medical Policy

Biofeedback and Neurofeedback

MEDICARE MEDICAL POLICY NUMBER: 515

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

PRODUCT AND BENEFIT APPLICATION

Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Note: This policy does not address biofeedback for urinary incontinence or fecal incontinence (CPT codes 90912/90913). For biofeedback used as therapy for these conditions, see Cross References.

Service	Medicare Guidelines
<p><i>Biofeedback therapy for indications other than urinary or fecal incontinence</i></p>	<p>Biofeedback Therapy (30.1)</p> <p>Key Notes from NCD 30.1:</p> <ol style="list-style-type: none"> 1. Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient for: <ol style="list-style-type: none"> a. Muscle re-education of specific muscle groups or b. Treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness. c. More conventional treatments (heat, cold, massage, exercise, support) have not been successful. 2. Biofeedback therapy is not covered for: <ol style="list-style-type: none"> a. Treatment of ordinary muscle tension states or b. Psychosomatic conditions. <p>Additional Notes from NCD 30.1.1: Home use of biofeedback therapy is not covered.</p>
<p><i>Neurofeedback Therapy</i></p>	<p>Company policy for Biofeedback and Neurofeedback</p> <ol style="list-style-type: none"> I. This service is considered not medically necessary for Medicare based on the Company medical policy. <i>See Policy Guidelines below.</i>

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member’s benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is

uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

POLICY CROSS REFERENCES

- [Fecal Incontinence Treatments](#), MP228
- [Urinary Incontinence Treatments](#), MP231

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

BACKGROUND

Biofeedback

According to NCD 30.1:

“Biofeedback therapy provides visual, auditory or other evidence of the status of certain body functions so that a person can exert voluntary control over the functions, and thereby alleviate an abnormal bodily condition. Biofeedback therapy often uses electrical devices to transform bodily signals indicative of such functions as heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone into a tone or light, the loudness or brightness of which shows the extent of activity in the function being measured.

“Biofeedback therapy differs from electromyography, which is a diagnostic procedure used to record and study the electrical properties of skeletal muscle. An electromyography device may be used to provide feedback with certain types of biofeedback.”

Neurofeedback

In contrast, while neurofeedback is similar to biofeedback feedback, it differs in that it is based on brain waves (EEG) rather than body areas (e.g., muscle tension). Neurofeedback is intended to train patients to modify or control brain function as a treatment for various conditions. While the technologies are similar, neurofeedback is a different technology from biofeedback and therefore, the aforementioned NCD for biofeedback therapy does not apply to neurofeedback.

MEDICARE AND MEDICAL NECESSITY

The Company policy for *PHA Medicare Medical Policy Development and Application* (MP50) provides details regarding Medicare’s definition of medical necessity and the hierarchy of Medicare references and resources during the development of medical policies, as well as the Plan’s use of evidence-based processes for policy development. In the absence of Medicare coverage policies (e.g., manual, national coverage determination [NCD], local coverage determination [LCD], article [LCA], etc.) which addresses the medical necessity of a given medical service, Medicare regulatory guidelines do allow Medicare

Advantage Organizations (MAOs) to make their own coverage determinations, as long as the MAO applies an objective, evidence-based process, based on authoritative evidence. (*Medicare Managed Care Manual, Ch. 4, §90.5*)

Following an evidence-based assessment of current peer-reviewed medical literature, the Company may consider certain medical services or technologies to be “investigational.” The term “investigational” is not limited to devices or technologies which have not received the appropriate governmental regulatory approval (e.g., U.S. Food and Drug Administration [FDA]), but rather may also mean the procedure, device, or technology does not meet all of the Company’s technology assessment criteria, as detailed within the Company policy for *Definition: Experimental/Investigational* (MP5).

Only medically reasonable and necessary services or items which treat illness or injury are eligible for Medicare coverage, as outlined in *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. Thus, services which lack scientific evidence regarding safety and efficacy because they are investigational are “not medically reasonable or necessary” for Medicare Plan members. (*Medicare Claims Processing Manual, Ch. 23, §30 A*)

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

GENERAL

CPT codes 90875, 90876, and 90901 will be considered **not medically necessary and not covered** for the indications addressed in this policy when the request is billed with any of the ICD-10 diagnosis codes listed in the [Billing Guidelines Appendix](#) below.

See the associated local coverage article (LCA) for additional coding and billing guidance:

- LCA: Billing and Coding: Outpatient Therapy Biofeedback Training ([A52755](#)).

CODES*		
CPT	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); 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); 45 minutes
	90901	Biofeedback training by any modality

HCPCS	E0746	Electromyography (EMG), biofeedback device
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***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Noridian J-D web page for *Correct Coding - Diathermy and Biofeedback Devices*; Last Updated 06/26/2018; Available at: <https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/correct-coding-diathermy-and-biofeedback-devices> [Last Cited 11/9/2021]

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
1/2023	Annual review (converted to new format 2/2023)

APPENDICES

Diagnosis codes for not medically necessary indications include but are not limited to any of the ICD-10 codes listed below. Additional ICD codes may apply.

Appendix I: Not medically necessary indications.

CODE	DESCRIPTION
F064	Anxiety disorder due to known physiological condition
F10180	Alcohol abuse with alcohol-induced anxiety disorder
F10280	Alcohol dependence with alcohol-induced anxiety disorder
F10980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F12180	Cannabis abuse with cannabis-induced anxiety disorder
F12280	Cannabis dependence with cannabis-induced anxiety disorder
F12980	Cannabis use, unspecified with anxiety disorder

F13180	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13980	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
F14180	Cocaine abuse with cocaine-induced anxiety disorder
F14280	Cocaine dependence with cocaine-induced anxiety disorder
F14980	Cocaine use, unspecified with cocaine-induced anxiety disorder
F15180	Other stimulant abuse with stimulant-induced anxiety disorder
F15280	Other stimulant dependence with stimulant-induced anxiety disorder
F15980	Other stimulant use, unspecified with stimulant-induced anxiety disorder
F16180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16980	Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder
F18180	Inhalant abuse with inhalant-induced anxiety disorder
F18280	Inhalant dependence with inhalant-induced anxiety disorder
F18980	Inhalant use, unspecified with inhalant-induced anxiety disorder
F19180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F40	Phobic anxiety disorders
F400	Agoraphobia
F401	Social phobias
F402	Specific (isolated) phobias
F408	Other phobic anxiety disorders
F409	Phobic anxiety disorder, unspecified
F41	Other anxiety disorders
F410	Panic disorder [episodic paroxysmal anxiety]
F411	Generalized anxiety disorder
F413	Other mixed anxiety disorders
F418	Other specified anxiety disorders
F419	Anxiety disorder, unspecified
F4322	Adjustment disorder with anxiety
F4323	Adjustment disorder with mixed anxiety and depressed mood
F930	Separation anxiety disorder of childhood
F938	Other childhood emotional disorders
F90	Attention-deficit hyperactivity disorders
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F902	Attention-deficit hyperactivity disorder, unspecified type
F908	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage
F909	Attention and concentration deficit following nontraumatic intracerebral hemorrhage
I69210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage
I69310	Attention and concentration deficit following cerebral infarction
I69810	Attention and concentration deficit following other cerebrovascular disease
I69910	Attention and concentration deficit following unspecified cerebrovascular disease

R41840	Attention and concentration deficit
F320	Major depressive disorder, single episode, mild
F321	Major depressive disorder, single episode, moderate
F322	Major depressive disorder, single episode, severe without psychotic features
F323	Major depressive disorder, single episode, severe with psychotic features
F324	Major depressive disorder, single episode, in partial remission
F325	Major depressive disorder, single episode, in full remission
F328	Other depressive episodes
F329	Major depressive disorder, single episode, unspecified
F330	Major depressive disorder, recurrent, mild
F331	Major depressive disorder, recurrent, moderate
F332	Major depressive disorder, recurrent severe without psychotic features
F333	Major depressive disorder, recurrent, severe with psychotic symptoms
F3340	Major depressive disorder, recurrent, in remission, unspecified
F3341	Major depressive disorder, recurrent, in partial remission
F3342	Major depressive disorder, recurrent, in full remission
F339	Major depressive disorder, recurrent, unspecified
F42	Obsessive-compulsive disorder
F422	Mixed obsessional thoughts and acts
F423	Hoarding disorder
F424	Excoriation (skin-picking) disorder
F428	Other obsessive-compulsive disorder
F429	Obsessive-compulsive disorder, unspecified
F605	Obsessive-compulsive personality disorder
R4681	Obsessive-compulsive behavior
F431	Post-traumatic stress disorder (PTSD)
F4310	Post-traumatic stress disorder, unspecified
F4311	Post-traumatic stress disorder, acute
F4312	Post-traumatic stress disorder, chronic
F1021	Alcohol dependence, in remission
F191	Other psychoactive substance abuse
F1910	Other psychoactive substance abuse, uncomplicated
F1911	Other psychoactive substance abuse, in remission
F1912	Other psychoactive substance abuse with intoxication
F19120	Other psychoactive substance abuse with intoxication, uncomplicated
F19121	Other psychoactive substance abuse with intoxication delirium
F19122	Other psychoactive substance abuse with intoxication with perceptual disturbances
F19129	Other psychoactive substance abuse with intoxication, unspecified
F1914	Other psychoactive substance abuse with psychoactive substance-induced mood disorder
F1915	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder
F19150	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions
F19151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations
F19159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
F1916	Other psychoactive substance abuse with psychoactive substance-induced persisting amnesic disorder

F1917	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia
F1918	Other psychoactive substance abuse with other psychoactive substance-induced disorders
F19180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19188	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F1919	Other psychoactive substance abuse with unspecified psychoactive substance-induced disorder
F1921	Other psychoactive substance dependence, in remission
F199	Other psychoactive substance use, unspecified
F1990	Other psychoactive substance use, unspecified, uncomplicated
F1992	Other psychoactive substance use, unspecified with intoxication
F19920	Other psychoactive substance use, unspecified with intoxication, uncomplicated
F19921	Other psychoactive substance use, unspecified with intoxication with delirium
F19922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance
F19929	Other psychoactive substance use, unspecified with intoxication, unspecified
F1993	Other psychoactive substance use, unspecified with withdrawal
F19930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated
F19931	Other psychoactive substance use, unspecified with withdrawal delirium
F19932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
F19939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F1994	Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder
F1995	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder
F19950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
F19951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
F19959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified
F1996	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnesic disorder
F1997	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
F1998	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorders
F19980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction
F19982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder

F19988	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder
F1999	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder
F10	Alcohol related disorders
F101	Alcohol abuse
F1010	Alcohol abuse, uncomplicated
F1011	Alcohol abuse, in remission
F1012	Alcohol abuse with intoxication
F10121	Alcohol abuse with intoxication delirium
F10129	Alcohol abuse with intoxication, unspecified
F1014	Alcohol abuse with alcohol-induced mood disorder
F1015	Alcohol abuse with alcohol-induced psychotic disorder
F10150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F1018	Alcohol abuse with other alcohol-induced disorders
F10180	Alcohol abuse with alcohol-induced anxiety disorder
F10181	Alcohol abuse with alcohol-induced sexual dysfunction
F10182	Alcohol abuse with alcohol-induced sleep disorder
F10188	Alcohol abuse with other alcohol-induced disorder
F1019	Alcohol abuse with unspecified alcohol-induced disorder
F102	Alcohol dependence
F1022	Alcohol dependence with intoxication
F10229	Alcohol dependence with intoxication, unspecified
F1023	Alcohol dependence with withdrawal
F10231	Alcohol dependence with withdrawal delirium
F1024	Alcohol dependence with alcohol-induced mood disorder
F1025	Alcohol dependence with alcohol-induced psychotic disorder
F10250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F1027	Alcohol dependence with alcohol-induced persisting dementia
F1028	Alcohol dependence with other alcohol-induced disorders
F10280	Alcohol dependence with alcohol-induced anxiety disorder
F10281	Alcohol dependence with alcohol-induced sexual dysfunction
F10282	Alcohol dependence with alcohol-induced sleep disorder
F10288	Alcohol dependence with other alcohol-induced disorder
F1029	Alcohol dependence with unspecified alcohol-induced disorder
F109	Alcohol use, unspecified
F1092	Alcohol use, unspecified with intoxication
F1094	Alcohol use, unspecified with alcohol-induced mood disorder
F1095	Alcohol use, unspecified with alcohol-induced psychotic disorder
F10950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F1097	Alcohol use, unspecified with alcohol-induced persisting dementia
F1098	Alcohol use, unspecified with other alcohol-induced disorders
F10980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F10982	Alcohol use, unspecified with alcohol-induced sleep disorder

F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder
J45	Asthma
J452	Mild intermittent asthma
J4520	Mild intermittent asthma, uncomplicated
J4521	Mild intermittent asthma with (acute) exacerbation
J4522	Mild intermittent asthma with status asthmaticus
J453	Mild persistent asthma
J4530	Mild persistent asthma, uncomplicated
J4531	Mild persistent asthma with (acute) exacerbation
J4532	Mild persistent asthma with status asthmaticus
J454	Moderate persistent asthma
J4540	Moderate persistent asthma, uncomplicated
J4541	Moderate persistent asthma with (acute) exacerbation
J4542	Moderate persistent asthma with status asthmaticus
J455	Severe persistent asthma
J4550	Severe persistent asthma, uncomplicated
J4551	Severe persistent asthma with (acute) exacerbation
J4552	Severe persistent asthma with status asthmaticus
J459	Other and unspecified asthma
J4590	Unspecified asthma
J45901	Unspecified asthma with (acute) exacerbation
J45902	Unspecified asthma with status asthmaticus
J45909	Unspecified asthma, uncomplicated
J4599	Other asthma
J45991	Cough variant asthma
J45998	Other asthma
G40	Epilepsy and recurrent seizures
G400	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
G4001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable
G401	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures
G4010	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable
G4011	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable
G402	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
G4020	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable
G40209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G4021	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable
G40219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G403	Generalized idiopathic epilepsy and epileptic syndromes
G4030	Generalized idiopathic epilepsy and epileptic syndromes, not intractable
G40301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus

G40309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G4031	Generalized idiopathic epilepsy and epileptic syndromes, intractable
G40311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G404	Other generalized epilepsy and epileptic syndromes
G4040	Other generalized epilepsy and epileptic syndromes, not intractable
G40401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G4041	Other generalized epilepsy and epileptic syndromes, intractable
G40411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G405	Epileptic seizures related to external causes
G408	Other epilepsy and recurrent seizures
G4080	Other epilepsy
G40801	Other epilepsy, not intractable, with status epilepticus
G40802	Other epilepsy, not intractable, without status epilepticus
G40803	Other epilepsy, intractable, with status epilepticus
G40804	Other epilepsy, intractable, without status epilepticus
G4081	Lennox-Gastaut syndrome
G4082	Epileptic spasms
G4089	Other seizures
G409	Epilepsy, unspecified
G4090	Epilepsy, unspecified, not intractable
G40901	Epilepsy, unspecified, not intractable, with status epilepticus
G40909	Epilepsy, unspecified, not intractable, without status epilepticus
G4091	Epilepsy, unspecified, intractable
G40911	Epilepsy, unspecified, intractable, with status epilepticus
G40919	Epilepsy, unspecified, intractable, without status epilepticus
G40A	Absence epileptic syndrome
G40B	Juvenile myoclonic epilepsy [impulsive petit mal]
G40B0	Juvenile myoclonic epilepsy, not intractable
G40B01	Juvenile myoclonic epilepsy, not intractable, with status epilepticus
G40B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus
G40B1	Juvenile myoclonic epilepsy, intractable
G40B11	Juvenile myoclonic epilepsy, intractable, with status epilepticus
G40B19	Juvenile myoclonic epilepsy, intractable, without status epilepticus
M797	Fibromyalgia
G43C	Periodic headache syndromes in child or adult
G43C0	Periodic headache syndromes in child or adult, not intractable
G43C1	Periodic headache syndromes in child or adult, intractable
G44	Other headache syndromes
G4400	Cluster headache syndrome, unspecified
G44001	Cluster headache syndrome, unspecified, intractable
G44009	Cluster headache syndrome, unspecified, not intractable
G4401	Episodic cluster headache

G44011	Episodic cluster headache, intractable
G44019	Episodic cluster headache, not intractable
G4402	Chronic cluster headache
G44021	Chronic cluster headache, intractable
G44029	Chronic cluster headache, not intractable
G441	Vascular headache, not elsewhere classified
G442	Tension-type headache
G4420	Tension-type headache, unspecified
G44201	Tension-type headache, unspecified, intractable
G44209	Tension-type headache, unspecified, not intractable
G4421	Episodic tension-type headache
G44211	Episodic tension-type headache, intractable
G44219	Episodic tension-type headache, not intractable
G4422	Chronic tension-type headache
G44221	Chronic tension-type headache, intractable
G44229	Chronic tension-type headache, not intractable
G443	Post-traumatic headache
G4430	Post-traumatic headache, unspecified
G44301	Post-traumatic headache, unspecified, intractable
G44309	Post-traumatic headache, unspecified, not intractable
G4431	Acute post-traumatic headache
G44311	Acute post-traumatic headache, intractable
G44319	Acute post-traumatic headache, not intractable
G4432	Chronic post-traumatic headache
G44321	Chronic post-traumatic headache, intractable
G44329	Chronic post-traumatic headache, not intractable
G445	Complicated headache syndromes
G4451	Hemicrania continua
G4452	New daily persistent headache (NDPH)
G4453	Primary thunderclap headache
G4459	Other complicated headache syndrome
G448	Other specified headache syndromes
G4481	Hypnic headache
G4482	Headache associated with sexual activity
G4483	Primary cough headache
G4484	Primary exertional headache
G4485	Primary stabbing headache
G4489	Other headache syndrome
R51	Headache
S062	Diffuse traumatic brain injury
S062X	Diffuse traumatic brain injury
S062X0	Diffuse traumatic brain injury without loss of consciousness
S062X0A	Diffuse traumatic brain injury without loss of consciousness, initial encounter
S062X0D	Diffuse traumatic brain injury without loss of consciousness, subsequent encounter
S062X0S	Diffuse traumatic brain injury without loss of consciousness, sequela
S062X1	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less
S062X2	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes
S062X3	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes
S062X4	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours
S062X5	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels

S062X8	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness
S062X9	Diffuse traumatic brain injury with loss of consciousness of unspecified duration
S063	Focal traumatic brain injury
S0630	Unspecified focal traumatic brain injury
S06300	Unspecified focal traumatic brain injury without loss of consciousness
S06300A	Unspecified focal traumatic brain injury without loss of consciousness, initial encounter
S06300D	Unspecified focal traumatic brain injury without loss of consciousness, subsequent encounter
S06300S	Unspecified focal traumatic brain injury without loss of consciousness, sequela
S06301	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less
S06302	Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes
S06303	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes
S06304	Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours
S06305	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level
S06307	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness
S06307A	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06309	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration
S0637	Contusion, laceration, and hemorrhage of cerebellum
S0638	Contusion, laceration, and hemorrhage of brainstem
S065X7	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to brain injury before regaining consciousness
S065X7A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to brain injury before regaining consciousness, initial encounter
S066X7	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness
S069X0	Unspecified intracranial injury without loss of consciousness
S069X0A	Unspecified intracranial injury without loss of consciousness, initial encounter
S069X0D	Unspecified intracranial injury without loss of consciousness, subsequent encounter
S069X0S	Unspecified intracranial injury without loss of consciousness, sequela