Clinical Policy: Biofeedback for Behavioral Health Disorders

Reference Number: CP.BH.300 Coding Implications
Date of Last Revision: 06/24 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Note: *Please refer to the Centene Policy CP.MP.168 for Biofeedback for non-behavioral health diagnoses. This policy is contingent on the member having this benefit.*

Description

Biofeedback is a non-invasive technique that enables an individual to learn how to change physiological activity for the purposes of improving health and performance. Neurofeedback (NF), often referred to as EEG biofeedback, is a type of biofeedback that involves learning to control and optimize brain function. The characteristic that distinguishes neurofeedback training from other biofeedback is a focus on the central nervous system and the brain.[1]

Biofeedback/Neurofeedback is used as an adjunctive tool to other standard interventions and is not used as a stand-alone treatment.[2]

Policy/Criteria

I. It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation® that up to 25 sessions of *initial* behavioral health-related biofeedback is **medically necessary** if all the following are met:

A. Diagnosis of anxiety disorder or post-traumatic stress disorder as listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders:
B. There are significant symptoms that interfere with the member/enrollee's ability to function in at least one life area as measured by a widely recognized validated standardized severity scale focused on the symptom profile;
C. The member/enrollee is motivated to actively participate in the treatment plan, including being responsive to the care plan requirements (e.g., practice and follow-through at home);
D. The member/enrollee can participate in the treatment plan (physically as well as intellectually);
E. Comprehensive treatment plan includes biofeedback as an adjunctive intervention in addition to other primary evidence-based interventions;
F. The condition can be appropriately treated with biofeedback (e.g., existing pathology does not prevent success of the treatment);
G. There is evidence that standard evidence-based outpatient treatments (including psychotherapy and medication management) are considered insufficient to treat the member/enrollee's condition safely and effectively;
H. There is a readily identifiable response measurable by a symptom specific validated standardized scale;
I. Biofeedback training is performed by a physician or qualified non-physician practitioner who has undergone biofeedback training and certification. This can include nurse practitioners, physician assistants, qualified mental health professionals, psychologists and, where applicable, biofeedback technicians;

J. Treatment plan is individualized with clearly stated realistic goals and objectives;
K. Treatment is structured to achieve optimum benefit and expected benefit is documented;
L. There is documented planned transition out of biofeedback from the start of treatment, which may include ensuring the ability of the member/enrollee to continue the biofeedback-learned techniques independently after the biofeedback sessions end.

II. It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation that up to an additional 20 sessions for the *continuation* of behavioral health-related biofeedback will be reviewed on a case-by-case basis by a Medical Director, informed by all the following:
A. Initial criteria are still met;
B. The frequency of sessions is scheduled to occur at a rate consistent with the presenting symptoms and showing results, while a lower rate may impede progress;
C. Progress related to biofeedback can be clearly described by at least a 25% reduction in severity compared to the last review;
D. When medically necessary, appropriate psychopharmacological intervention is provided;
E. There is documented planned transition out of biofeedback from the start of treatment, which includes, but is not limited to the following:
1. Identifies a plan which ensures the member/enrollee can continue biofeedback-learned techniques independently after the biofeedback sessions end;
2. Identifies a goal with a clear and reasonable score range on a validated scale assessment which demonstrates meaningful progress from the treatment.

III. It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation that biofeedback is **no longer medically necessary** and discharge from treatment is medically appropriate when any one of the following are met:
A. The documented goals and objectives have been substantially achieved;
B. The member/enrollee no longer meets initiation or continuation criteria, or symptom severity has dropped by 50%;
C. Member/enrollee is not engaging in treatment, rendering biofeedback ineffective, despite multiple documented attempts to address non-participation issues;
D. Member/enrollee refuses treatment;
E. Member/enrollee is not making progress toward treatment goals and there is no reasonable expectation of progress with this treatment approach;
F. It is reasonably predicted that continuing improvement can occur after discontinuation of biofeedback with ongoing psychotherapy, medication management and/or community support.

IV. It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation that current evidence does not support the safety and efficacy of biofeedback for any behavioral health diagnosis other than what is noted in this policy as medically necessary.

V. It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation that there is insufficient evidence found in the scientific literature to

support the efficacy of neurosound/biosound treatment, typically billed under the neurofeedback CPT code.

Background

During a neurofeedback session, the sensors are placed on the scalp to measure the brain's electrical activity. During training, sensors are placed on the scalp and then connected to sensitive electronics and computer software that detect, amplify, and record specific brain activity. After this neural information (data) is sent to a computer to be processed, the data is sent back to the brain. The brain then learns to make changes to itself based on this real time data. In Neurofeedback sessions, changes within the brain can be accomplished by either talking directly to the brain electrically, or through stimuli presented to the brain in audio, visual, electrical, magnetic, or tactile form.[1]

The practical implementation of neurofeedback and biofeedback as a clinical therapy is currently not regulated regarding the educational standards, medical security, and the usage of standard protocols indicated for specific disorders. Research indicates that there is need for further research into the effectiveness of already available and newly developed neurofeedback protocols.[4]

International Society for Neuroregulation and Research (ISNR)[1]

In 2008, the Association for Applied Psychophysiology (AAPB), the Biofeedback Certification International Alliance (BCIA), and the International Society for Neurofeedback and Research (ISNR) approved the following definition of biofeedback. "Biofeedback is a process that enables an individual to learn how to change physiological activity for the purposes of improving health and performance. Precise instruments measure physiological activity such as brainwaves, heart function, breathing, muscle activity, and skin temperature. These instruments rapidly and accurately "feedback" information to the user. The presentation of this information often in conjunction with changes in thinking, emotions, and behavior supports desired physiological changes. Over time, these changes can endure without continued use of an instrument." Neurofeedback Training (NFT) has its foundations in basic and applied neuroscience as well as data-based clinical practice. It considers behavioral, cognitive, and subjective aspects as well as brain activity. At a neuronal level, NFT teaches the brain to modulate excitatory and inhibitory patterns of specific neuronal assemblies and pathways based upon the details of the sensor placement and the feedback algorithms used thereby increasing flexibility and self-regulation of relaxation and activation patterns.

The Association for Applied Psychophysiology and Biofeedback[2]

Biofeedback is NOT used as a treatment alone, nor can it be used alone to make a diagnosis. It should be used as an adjunctive tool to be combined with other standard interventions conducted by knowledgeable clinicians, educators, or coaches. Several biofeedback-based interventions have been well validated while others are at various stages of research. Many biofeedback-based interventions are accepted by medical societies such as the American Colleges of Pediatrics and Neurology as well as by the FDA as being safe and effective for conditions. The efficacy of some forms and uses of biofeedback have not yet been established through accepted types of research with enough clients, controls, and long enough follow-up periods.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
90901*	Biofeedback training by any modality
90875*	30 minutes of individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with patient), with psychotherapy
90876*	45 minutes of individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy

*Code may be used for both medically necessary and not medically necessary (i.e., neurosound/biosound) therapies.

Reviews, Revisions, and Approvals	Revision Date	Approval Date
CBH Clinical Policy CP.BH.300 Neurofeedback for Behavioral Health Disorders adapted from MHN Clinical Policy HNCA.CP.MP.162 Neurofeedback for Behavioral Health Disorders.	05/20	5/20
Annual review. Changed Centene Behavioral Health with Centene Advanced Behavioral Health. Revisions: *Revision to Description Section:* • The FDA has not approved this treatment as safe and effective for any condition. CMS has not approved this treatment as Reasonable and Necessary for any condition. It currently remains Experimental and Investigational. *Revision to Policy and Criteria Section, I. B, and F, G and H* • There are significant symptoms that interfere with the individual's ability to function in at least one life area as measured by a widely recognized validated standardized severity scale focused on the symptom profile. • There is evidence that standard evidence-based outpatient treatments (including psychotherapy and medication management) are considered insufficient to treat the patient's condition safely and effectively.	5/21	6/21

Reviews, Revisions, and Approvals	Revision Date	Approval Date
• There is a readily identifiable response measurable by a symptom specific validated standardized scale. • Neurofeedback training is performed by a physician or qualified non-physician practitioner who has undergone neurofeedback training and certification. This can include nurse practitioners, physician assistants, qualified mental health professionals, psychologists, and where applicable biofeedback technicians. *Background Section Update:* • Neurofeedback for behavioral health conditions generally do not meet the criteria standard as an evidence-based treatment. Although not conclusive, the treatment of anxiety disorders using neurofeedback is mostly based on observational history and case reports. Description section, section I, Policy Criteria, sections B, F, G & H; and the last paragraph in the background section. References reviewed and updated.		
Annual review conducted. Neurofeedback references changed to biofeedback to align with the Centene Policy CP.MP.168 for Biofeedback for non-behavioral health diagnoses; Added references to CMS NCD - Biofeedback Therapy (30.1) and FDA approved as Class II; and 45 minutes to CPT code 90875, and 30 minutes to CPT code 90876.	5/22	6/22
Ad hoc Review. "Last Review Date" in policy header changed to "Date of Last Revision," and "Date" in the revision log was changed to "Revision Date." Removed description paragraph pertaining to NCD biofeedback verbiage and FDA approval. Replaced all instances of "patient" with "member/enrollee." Replaced "or" and "commas" with "semi-colons. Replaced all instances of the statement: "It is the policy of Centene Advanced Behavioral Health (CABH)" with the statement "It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation." Incorporated treatment plan information into section I. I-K. In section III.B, replaced the word "admission" with "initiation or continuation criteria." In section IV, replaced "Experimental/investigational" verbiage with "current evidence does not support the safety and efficacy of biofeedback." Removed verbiage pertaining to state criteria for biofeedback. Removed verbiage between the ICD-10 coding table and revision log that referred to LCDs and/or state regulations taking precedence, as this is duplicative with the policy disclaimer. Removed references related to ADHD severity scales as ADHD is not an included indication. Updated coding implications verbiage to reflect 2021 AMA copyright. Replaced all instances of "dashes (-) in page numbers with the word "to."	11/22	12/22
Annual Review. Changed instances of the word "patient" and "individual" within the criteria section to "member/enrollee." Added I.E., "Comprehensive treatment plan includes biofeedback as an adjunctive intervention in addition to other primary evidence-based interventions." In	6/23	

Reviews, Revisions, and Approvals	Revision Date	Approval Date
section II. Added the statement "that up to 20 sessions for the continuation of behavioral health-related biofeedback will be reviewed on a case-by-case basis by a Medical Director". Removed ICD 10 Code chart. Background and references reviewed and updated. Reviewed by external specialist.		
Clarified policy description statement II. adding that "up to an additional" 20 sessions for the continuation of behavioral health-related biofeedback will be reviewed. In II.C. Removed the statement "as compared to the base line severity score" and added the statement "compared to the last review." Clarified policy statement in II.E. adding: "II.E.1. Identifies a plan which ensures the member/enrollee can continue biofeedback-learned techniques independently after the biofeedback sessions end; and II.E.2: Identifies a goal with a clear and reasonable score range on a validated scale assessment which demonstrates meaningful progress from the treatment."	7/23	07/23
Annual Review. Updated description. Minor rewording in criteria with no clinical significance. Removed coding implications section about billing for neurosounds/biosound. Added criteria point V. to indicate insufficient scientific evidence to support the efficacy of neurosound/biosound treatment. References reviewed and updated.	06/24	07/24

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.