Clinical Policy: Biofeedback for Behavioral Health Disorders

Reference Number: CP.BH.300 Coding Implications
Date of Last Revision: 06/26 Revision Log

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

Description

Biofeedback is a therapeutic intervention that enables individuals to gain voluntary control over specific physiological functions to support improved health and behavioral outcomes. It involves the use of precise instruments to monitor physiological activity, including brainwave patterns, heart rate, respiration, muscle tension, and skin temperature, and when applicable, brainwave activity. Real-time feedback is provided to the individual, facilitating the development of self-regulation skills for targeting specific physiological processes.[1]

For purposes of this policy, biofeedback is used as an adjunctive intervention within a comprehensive behavior health treatment plan. Biofeedback may include neurofeedback/neurotherapy, also referred to as electroencephalographic (EEG) biofeedback, when utilized to monitor and support self-regulation of brainwave activity.

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

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® that up to 20 *initial* sessions of behavioral health-related biofeedback are **medically necessary** when meeting all of the following:

A. The member/enrollee has a diagnosis of anxiety disorder or post-traumatic stress disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR);
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 and able to participate in skill-based interventions;
D. The member/enrollee's condition can be appropriately treated with biofeedback, and no known clinical factors are present that would prevent success of treatment;
E. Standard outpatient treatments, including psychotherapy and medication management when clinically appropriate, have been considered insufficient to treat the member/enrollee's condition safely and effectively without an adjunctive intervention;
F. Treatment goals are clearly defined, measurable and monitored using symptom-specific, validated, standardized rating scales;
G. A comprehensive treatment plan includes biofeedback as an adjunctive intervention alongside primary evidence-based treatment interventions and includes the following:
    1. Individualized treatment goals, frequency, duration, and objective measures of progress;
    2. Identification of the specific biofeedback modality, including a clinical rationale for its use based on the member/enrollee's presenting symptoms and treatment goals;

H. Biofeedback is provided by a physician or qualified non-physician practitioner, who has undergone biofeedback training and certification, in accordance with applicable state law/regulation, and health plan requirements;
I. Treatment is structured to achieve optimum benefit and expected benefit is documented;
J. There is a documented transition plan for discontinuation of biofeedback from the start of treatment, which includes ensuring the member/enrollee can continue biofeedback-learned self-regulation techniques after the biofeedback sessions end.

II. It is the policy of 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. The initial criteria are still met;
B. Session frequency is consistent with the severity of presenting symptoms, clinical presentation, and the member/enrollee's treatment needs, and reduced frequency is expected to impede progress;
C. Progress related to biofeedback can be clearly documented through meaningful, measurable improvement in symptom severity compared to the last review;
D. When medically necessary, appropriate psychopharmacological intervention and/or other evidenced-based interventions are included as a part of the treatment plan;
E. A planned transition from biofeedback continues to be documented and includes, but is not limited to, the following:
   1. A plan to ensure that the member/enrollee can independently continue biofeedback-learned self-regulation techniques after the biofeedback session's end;
   2. A clearly defined target outcome, including a reasonable score range on a standardized, validated scale assessment demonstrating meaningful treatment progress.

III. It is the policy of health plans affiliated with Centene Corporation that biofeedback is **no longer medically necessary** and discharge from treatment is medically appropriate when any of the following are met:
A. The documented goals and objectives have been achieved;
B. The member/enrollee no longer meets initiation or continuation criteria;
C. The member/enrollee's symptom severity and/or functional impairment has improved by at least 50%, to a level that no longer requires adjunctive biofeedback intervention;
D. The member/enrollee is not engaging in treatment, rendering biofeedback ineffective, despite multiple documented attempts to address non-participation barriers;
E. The member/enrollee declines or withdraws consent for treatment;
F. The member/enrollee is not making progress toward treatment goals and there is no reasonable expectation that continued biofeedback intervention will result in a meaningful clinical improvement;
G. A transition plan has been implemented to support maintenance of gains and continued use of learned self-regulation techniques;
H. It is predicted that clinical improvement can be maintained following discontinuation of biofeedback through ongoing psychotherapy, medication management, when clinically appropriate, and/or community support.

IV. It is the policy of health plans affiliated with Centene Corporation there is insufficient evidence in the published peer-reviewed literature to support the use of biofeedback for any behavioral health diagnosis other than those identified in this policy as medically necessary.

V. It is the policy of health plans affiliated with Centene Corporation that there is insufficient evidence in the published peer-reviewed literature to support the use of neurosound/biosound treatment, typically billed under the neurofeedback CPT code.

Background

Biofeedback (BF) and neurofeedback (NF) are noninvasive treatment modalities that use physiological feedback to support self-regulation for therapeutic benefit. Biofeedback targets physiological processes such as heart rate variability, muscle tension, and skin temperature, while neurofeedback, a specialized form of biofeedback, focuses on central nervous system activity using EEG or related technologies.[2]

The Association for Applied Psychophysiology and Biofeedback notes that biofeedback is not intended to be used as a standalone treatment or as a diagnostic tool, but rather as an adjunctive intervention combined with established therapeutic approaches under the supervision of qualified clinicians. While certain biofeedback-based interventions have been well studied, others remain under investigation, and the efficacy of some applications has not been confirmed through rigorous, peer-reviewed studies with adequate sample sizes and long-term follow-up.[1]

The practical implementation of neurofeedback and biofeedback is not uniformly regulated with respect to training standards, protocol standardization, or clinical oversight, and further research is needed to determine the effectiveness of existing and emerging protocols.

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 2025, 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 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 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.	6/23	
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	7/23	07/23

Reviews, Revisions, and Approvals	Revision Date	Approval Date
goal with a clear and reasonable score range on a validated scale assessment which demonstrates meaningful progress from the treatment."		
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
Annual review. Updated description. Removed duplicative criteria in D. regarding treatment plan participation. Minor rewording in criteria with no clinical significance. Background updated with no impact to criteria. References reviewed and updated. Reviewed by external specialist.	05/25	05/25
Annual review. Removed all references of "Centene Advanced Behavioral Health" throughout the policy. Description updated. Minor re-wording and restructuring of criteria throughout the policy to improve clarity and consistency. In policy statement I and II, reduced the maximum amount of treatment sessions from "25" to "20". In I.D. added "and no known clinical factors…." In I.E. added "without inclusion of adjunctive intervention." Added I.G.2. "Identification of the specific biofeedback modality." In I.H. added "in accordance with applicable state law…." In I.J. and II.E.1. added "learned self-regulation techniques." In II.B. added "symptom severity and clinical presentation." In II.C. removed the 25% threshold. In II.D added "and/or other evidence-based interventions…." In III.C. added "and has improved to a level that no longer…." Added III.G. "A transition plan has been implemented." In III.H. added "can be maintained following" and "when clinically appropriate." Background updated. References reviewed and updated.	06/26	06/26

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 requirement 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.