

Neurofeedback Frequently Asked Questions

Purpose: To provide additional information as to CareOregon’s coverage of neurofeedback.

Let’s start by defining the following terms:

- **Biofeedback**
 - “Biofeedback is a treatment and research technology based on self-regulatory abilities of a patient or study participant. Biofeedback refers to learning to voluntarily change a measurable biological parameter which normally cannot be regulated consciously, but may become controllable through exercise. Target signal is measured and fed back to a participant enabling them to find their own strategy to control this signal and then adjust this strategy to master self-regulatory performance which then may be generalized to everyday life.”
Source: [National Library of Medicine](#)

- **Neurofeedback**
 - “Neurofeedback is a kind of biofeedback, which teaches self-control of brain functions to subjects by measuring brain waves and providing a feedback signal. Neurofeedback usually provides the audio and or video feedback.” Source: [National Institutes of Health](#)

- **Medically Appropriate Oregon Administrative Rule (OAR) 410-120-0000**
 - **(188)** “Medically Appropriate”
 - (a)** Means health services, items, or medical supplies that are:
 - (A)** Recommended by a licensed health provider practicing within the scope of their license; and
 - (B)** Safe, effective, and appropriate for the patient based on standards of good health practice and generally recognized by the relevant scientific or professional community based on the best available evidence; and
 - (C)** Not solely for the convenience or preference of an OHP client, member, or a provider of the service item or medical supply; and
 - (D)** The most cost effective of the alternative levels or types of health services, items, or medical supplies that are covered services that can be safely and effectively provided to a Division client or member in the Division or MCE’s judgment.
 - (b)** All covered services must be medically appropriate for the member or client, but not all medically appropriate services are covered services.
 - (c)** For Early and Periodic Screening, Diagnostic and Treatment (EPSDT), see chapter 410 Division 151

- **Medically Necessary Oregon Administrative Rule (OAR) 410-120-0000**
 - **(189)** “Medically Necessary” means:

- (a) Health services and items that are required to address one or more of the following:
 - (A) The prevention, diagnosis, or treatment of a client or member's disease, condition, or disorder that could result in health impairments or a disability; or
 - (B) The client's or member's ability to achieve age-appropriate growth and development; or
 - (C) The client's or member's ability to attain, maintain, or regain independence in self-care, ability to perform activities of daily living or improve health status; or
 - (D) The client's or member's ability to have access to the benefits of non-institutionalized community living, to achieve person centered care goals, and to live and work in the setting of their choice, when they are receiving Long Term Services or Supports (as defined in these rules)

General Questions

What does the Oregon Health Authority (OHA) Health Evidence Review Committee (HERC) say about neurofeedback?

“Biofeedback has evidence to support its use in the treatment of headache(migraine and tension) and is recommended by expert guidelines for prophylactic treatment of migraine. Private payers are all covering biofeedback for the treatment of migraine and tension headache. However, no cognitive behavioral therapy or psychotherapy CPT codes are on the migraine or tension headache lines currently.

Biofeedback has expert guideline recommendation for use in treatment of cancer pain; it is covered for this indication by private payers. The use of biofeedback for the treatment of urinary incontinence was not found to be effective on systematic evidence review or included in trusted source guideline for urinary incontinence (NICE). However, biofeedback is currently listed as a treatment modality required before surgery or sacral nerve stimulation for urinary stress incontinence, as well as surgery for pelvic organ prolapse. Of note, the CPT codes for pelvic biofeedback are not included on the line for pelvic organ prolapse. There is no evidence supporting the use of biofeedback for the treatment of mental health conditions, and no private payer is covering biofeedback for this indication. (As of March 2024, there are now some private payers who are covering biofeedback, however this remains extremely rare.)

HERC staff recommendations:

1) Do not add biofeedback to any behavioral health line due to lack of evidence of effectiveness.”

This excerpt from the HERC can be found on page 37 of the document, dated October 21, 2020. See below for link.

Can providers in Early and Periodic Screening, Diagnostic and Treatment (EPSDT) programs use neurofeedback?

With the new addition of The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children and youth 21 and under, these CareOregon members may receive any requisite type of treatment, as long as it is deemed medically necessary. The definition for “medically appropriate” and “medically necessary” can be found above in the definitions section of this document and the links below to the 410-120-000 OARs.

Keep in mind that the OARs also state that the treatment must be “the most cost- effective level or type of health services, items, or medical supplies that are covered services that can be safely and effectively provided to an EPSDT Beneficiary.” [OAR 410-151-0001\(3\)\(a\)\(D\)](#). Neurofeedback may not meet criteria to be the most cost-effective service. Our Payment Integrity department is evaluating this further. Additional challenges are that there are not CPT codes approved for Behavioral Health (BH) when it comes to neurofeedback.

Can I still bill for neurofeedback?

While providers are welcome to submit claims to CareOregon’s Utilization Management (UM) team for services provided for neurofeedback, as stated above, neurofeedback is not a covered service. To learn more about what services are covered, please visit the Prioritized List that is linked below in our additional helpful links.

Can I use an individual psychotherapy code for neurofeedback?

No. CareOregon does not believe that neurofeedback meets the requirement of psychotherapy, as it is a code reserved for verbal treatment, and as such it would not be appropriate to code neurofeedback as psychotherapy. Source: [Behavioral health providers FAQ](#)

Are there any alternative options if I still want to provide neurofeedback?

CareOregon members have the right to decide if they want to receive neurofeedback. According to page 21 of the BH Provider Manual, providers can have members sign a waiver stating that the member will cover the cost of the service. Source: [BH Provider Manual](#)

If I have further questions, who can I contact?

Please contact the CareOregon Provider Relations Specialist (PRS) team for your region. The contact information can be found here: [Careoregon Provider Relations Specialist team assignments](#). Or you may contact our Clinical Quality Specialist Team at csqssupport@careoregon.org.

Additional Helpful Links:

- [Medically Appropriate and Medically Necessary OARs](#)
- [Behavioral Health Services Prioritized List](#)
- [Health Evidence Review Commission’s \(HERC\) BH Advisory Panel](#)
- [Early and Periodic Screening, Diagnostic and Treatment OARs](#)