

# Clinical Policy: Biofeedback for Behavioral Health Disorders

Reference Number: LA.CP.BH.300

Date of Last Revision: 07/25

[Coding Implications](#)

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## Description

Biofeedback is a therapeutic technique 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. Real-time feedback is provided to the individual, facilitating the development of self-regulation skills for targeted physiological processes.<sup>1</sup>

## Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that up to 25 sessions of *initial* behavioral health-related biofeedback are **medically necessary** if all the following are met:
  - A. The member/enrollee has a diagnosis of anxiety disorder or post-traumatic stress disorder as listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM V-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 to and can actively participate in the treatment plan, including being responsive to the care plan requirements (e.g., practice and follow-through at home);
  - D. A comprehensive treatment plan includes biofeedback as an adjunctive intervention in addition to other primary evidence-based interventions;
  - E. The condition can be appropriately treated with biofeedback (e.g., existing pathology does not prevent success of the treatment);
  - F. 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;
  - G. There is a readily identifiable response measurable by a symptom specific validated standardized scale;
  - H. 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;
  - I. A treatment plan is individualized with clearly stated realistic goals and objectives;
  - J. Treatment is structured to achieve optimum benefit and expected benefit is documented;
  - K. There is a 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 Louisiana Healthcare Connections 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. 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 Louisiana Healthcare Connections 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 achieved;
  - B. The member/enrollee no longer meets initiation or continuation criteria, or symptom severity has dropped by 50%;
  - C. The member/enrollee is not engaging in treatment, rendering biofeedback ineffective, despite multiple documented attempts to address non-participation issues;
  - D. The member/enrollee refuses treatment;
  - E. The 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 Louisiana Healthcare Connections that biofeedback that current evidence in the published peer-reviewed literature to support the use of biofeedback for any behavioral health diagnosis other than what is noted in this policy as medically necessary.
- V.** It is the policy of Louisiana Healthcare Connections 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

During a biofeedback session, a trained clinician applies electrical sensors to specific parts of a patient's body to monitor the physiological response to stress, such as muscle contraction during a tension headache. The information is conveyed back to a person in real time via auditory (hearing) and visual (seeing) cues. These cues may be in the form of a beeping sound or a flashing light. With this feedback, the patient learns to recognize how the body responds to

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stress. The next step is to guide the patient towards developing techniques to produce positive physical changes.<sup>2</sup>

Biofeedback has demonstrated clinical effectiveness in the treatment of various behavioral health conditions, including anxiety disorders and post-traumatic stress disorder (PTSD). A meta-analysis of heart rate variability biofeedback (HRVB) interventions found moderate to large effect sizes in reducing PTSD symptoms among military service members, with low attrition rates and favorable participant outlooks.<sup>3,4</sup> A systematic review and meta-analysis of neurofeedback interventions for PTSD reported a moderate effect size in reducing PTSD symptoms, with improvements observed in arousal, anxiety, depression, and intrusive thoughts.<sup>5</sup>

The practical implementation of neurofeedback and biofeedback as clinical therapies is currently unregulated in terms of educational standards, medical security, and the use of standardized protocols for specific disorders. Research suggests that there is further needed to identify the effectiveness of existing and newly developed protocols.

#### *The Association for Applied Psychophysiology and Biofeedback<sup>1</sup>*

Biofeedback is NOT used as a treatment alone, nor can it be used independently to make a diagnosis. It should be used as an adjunctive tool to be combined with established therapeutic interventions under the guidance of qualified clinicians, educators, or coaches. While several biofeedback-based interventions have been well validated others are at various stages of research and development. The efficacy of certain forms and applications of biofeedback has yet to be confirmed through rigorous, peer reviewed studies involving adequate sample sizes, controlled conditions and long term 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 2024, 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 and may not support medical necessity. 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.

NOTE: Coverage is subject to each requested code's inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (\*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

CPT® Codes	Description
90901* <sup>1</sup>	Biofeedback training by any modality

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<sup>1</sup> Code may be used for both medically necessary and not medically necessary (i.e., neurosound/biosound) therapies.

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CPT® Codes	Description
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

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Converted corporate to local policy.	08/15/20		
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. Added “and may not support medical necessity” to coding implications. Added “Revision” to date in Revision Log. Changed Last Review to “Date of last revision” in header on page 1. Changed all instances of member to member/enrollee. Updated references.	8/22		
Removed statement “Note: Please refer to the Louisiana Healthcare Connections Policy LA.CP.MP.168 for Biofeedback for non-behavioral health diagnoses. This policy is contingent on the member/enrollee having this benefit.” The policy referenced is retired. Updated “24” to “25” in Reconsideration of medical necessity located under part II to coincide the Background information. Removed “Other behavioral health diagnoses may be considered allowable by certain states’ coverage provisions as outlined in their Medicaid/Medicare manuals, LCDs, NCDs, or specific contractual requirements. In order to be covered, medical necessity must still be met.” This statement is not specific to LHCC guidance. Reviewed and updated CPT codes.	1/5/23	3/6/23	
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. 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.”	2/24	5/22/24	

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
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.	08/24	10/28/24	12/2/24
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.	07/25	11/17/25	12/18/25

### 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

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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. LHCC 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.

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