



Ask Your Insurance About Neurofeedback Coverage Script

Insurance coverage is hard to figure out!

Let us help you find out if you have Neurofeedback (often called “Biofeedback” covered in your insurance!

Step 1 Call your insurance company: the number is on the back of your card and pick the option/ask for “Benefits for outpatient mental health services”

Step 2 What to say to them:
“ Hi, I’m calling to ask about coverage for Neurofeedback, sometimes it’s called Biofeedback. It’s provided by a licensed mental health clinician and I would like to know if this service is covered under my plan. It’s usually billed as code 90901.”

Step 3 Questions you can ask them:

Coverage–

- Do you cover neurofeedback or biofeedback services?
- Is it covered under mental health services or medical services?

Diagnosis–

- Is coverage dependant on any specific diagnosis? (ex- Anxiety, depression, trauma, ADHD, PTSD, etc.)

Provider Requirements–

- Does the provider need to be in-network or are there out-of-network benefits available?

Authorization–

- Do I need prior authorization, a referral, or a letter of medical necessity?
 - If so– does that need to be submitted before treatment, or can it be submitted with a claim?

Session Limits–

- Is there a limit on the number of sessions covered per year?
- Is there a dollar cap on coverage for this service?

Reimbursement–

- What percentage is reimbursements for this service?
- Is reimbursement based off bill amount or customary rates?

We recommend noting:

- Name of the insurance representative
- Date of the call
- Reference or call ID number (if provided)

Important Note

Insurance coverage for neurofeedback varies by plan and provider. Even when coverage is limited or unavailable, many clients choose neurofeedback as a self-pay service due to the benefits they experience.

If you have questions or need help understanding your options, we are happy to help!

