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SPECIAL ISSUE

THE FUTURE OF BIOFEEDBACK: Four Important Questions from Biofeedback Pioneer Lilian Rosenbaum

Mid-Atlantic Biofeedback Society and Lilian Rosenbaum, LCSW-C, BCB, PhD

Background

At the Mid-Atlantic Biofeedback Society's Fall Conference in October 2017, the Board of Directors presented Dr. Lilian Rosenbaum with the Society's Lifetime Achievement Award. The award certificate read, in part, as follows:

In appreciation and recognition of her contributions to the field of biofeedback, specifically the establishment of one of the country's first biofeedback programs at Georgetown University Medical School and pioneering the use of biofeedback equipment to facilitate self-regulation, MABS' Board of Directors gratefully confirms its Lifetime Achievement Award to one of our most distinguished members.

In accepting her award, Dr. Rosenbaum offered remarks that highlighted her journey both in the field of biofeedback and as a founding member of the Society in the late 1960s. This adventure included serving as Program Chair of the Association for Applied Psychophysiology and Biofeedback's (AAPB's) annual conference in Washington, DC, in 1990. At the conclusion of her remarks, Dr. Rosenbaum posed four questions for the audience to consider.

MABS was so struck by those questions that we sent them to the Society's current and former members in the form of a survey, with the questions being open ended. We received a total of nine thoughtful responses, six from current members and three from former members. MABS is pleased to share a summary of those responses with others in our field.

Q1: How can universities and graduate schools be encouraged to include biofeedback and neurofeedback?

There are a number of promising possibilities for such collaboration, including helping schools to obtain grant money for biofeedback-relevant research and generally working to develop relationships with school personnel and other appropriate organizations such as the National Institute of Mental Health (NIMH). Means of developing these relationships could be through clinicians giving lectures at schools, inviting professors to conferences such as those presented by AAPB, the International Society for Neurofeedback and Research (ISNR) and the state and regional biofeedback chapters. Finding ways to integrate biofeedback into required coursework in mental health and other areas could be a useful way to build connections not only with schools but students, professors and future clinicians.

It is important to engage and encourage students to advocate for biofeedback classes, as this will likely be a key to facilitate such collaborations between biofeedback practitioners and schools and other institutions. Clinicians doing lectures at schools would help to educate and inform students and professors about biofeedback and neurofeedback and their relevance to many areas of study. The comprehensive utility of bio/neurofeedback could be emphasized by stressing that we are helping to advance health and mental healthcare.

Another way to attract students to the field is to build relationships with NIMH by offering bio/neurofeedback as a method of identifying biomarkers for mental health or other disorders. This was seen as a vital area for collaboration and progress in our field. Such collaboration builds bridges between biofeedback, neuroscience, clinical work of different types and related courses of study at universities and colleges. For this reason, it is perfect for expanding awareness of bio/neurofeedback and its reach to different and highly relevant disciplines. This would also help attract students in their early years of school to the field.

Q2: What are your predictions for the future of biofeedback and neurofeedback?

It is highly likely that there will be increasing interest in bio/neurofeedback over time. Such change will undoubtedly be a result of the affordability and ease of accessing bio/neurofeedback technology, as well as the likelihood that efficacy of the technology also continues to improve.

It is also likely that there will be an expansion of home training to reduce cost and increase availability. Such changes in cost and availability will likely also result in

more significant competition with clinics and professional services.

On a general practice level, it is likely that biofeedback inclusion in mental health private and group practices will become more common. There may be new FDA approved stimulation devices. These devices may overtake the bio/neurofeedback market because they will be more effective and require less clinician oversight.

There are different challenges that can come about from the greater availably and inclusion in mental health practices. It is possible that a one-size-fits-all approach will be popular, only to have there be significant prohibitions for non-MDs to practice. Cheaper technology, some from DIY hackers, may lead to some casualties and FDA crackdown. These changes could also contribute to fractionalization among interested persons and different corporate interests getting more influence in developments. Such changes would result in the increased need for evidence-based bio/neurofeedback approaches developed for specific conditions.

Q3: What challenges and obstacles do younger providers or anyone at any age entering the field face?

Firstly, there are very high financial and time costs and burdens associated to access the needed equipment and technology and the training and experience to becoming competent in bio/neurofeedback. Secondly, there is a lack of good insurance coverage/reimbursement (see the Addendum below). This insurance challenge also contributes to a lack of clients willing to come in for the needed amount of sessions to see progress because they can't always afford to pay out of pocket. Thirdly, there are many technological and knowledge gaps between FDA-approved medical technology and those being used by bio/neurofeedback practitioners. This can result in poor (or no) training and bad subpar technology, hardware and software. The knowledge gaps also represent a broader lack of academic programs and researchers, as well as qualified providers trained for this work to support it.

Q4: What from your experiences can others draw on to continue their progress?

Some of the most valuable assets are collaboration and support from mentors' and peers' expertise and knowledge. Without doubt, each provider must still draw significantly on their own dedication to be a lifelong learner in bio/neurofeedback and be prepared that there will be challenges. There is a strong research base in many areas, as well as simple trainings, such as Heart Math, Muse or Wild Divine, and good software with built-in assessments that facilitate ease into the practices. Some may not be aware that it is possible to be a successful provider both financially and clinically as others have done and are doing. Clarifying this could be a useful contributor to potential practitioners' staying power.

All current biofeedback and neurofeedback practitioners should be encouraged to engage with others in their field, to share knowledge and look to more experienced providers and researchers for their guidance and wisdom, but also to not forget those who follow and are newer to the field. Extending encouragement and guidance to people who are new to the field will help ensure the future of this field.

Addendum: How Coding Reimbursement Will Help the Field Grow

In a recent MABS Board of Directors' conference call, the issue of CPT coding was raised. Dr. Rosenbaum commented that this is another important aspect of how the field will grow and suggested we include it in this summary. Board member Dr. K. Hogan Pesaniello provided the following information to help us better understand this critical issue.

Background to CPT Coding

In 1978, as the American Medical Association's CPT—Current Procedural Terminology—was beginning, the biofeedback field requested codes. Originally bio/neurofeedback codes were awarded a Category I status, which indicates that this code has presented adequate research and proof of safety and efficacy. One other possibility was Category III codes, which are considered experimental and, therefore, not subject to reimbursement by the insurance companies.

Current Status of CPT Codes for Bio/neurofeedback

The organization responsible for ongoing assessment and adjustment of codes, as well as reviewing requests for any new codes, is the AMA CPT Editorial Code Panel, which meets several times a year. Professional physician societies, insurance agencies, Medicare and other representatives of qualified health professionals, such as, but not limited to, social workers, psychologists, nurses, occupational and physical therapists, dieticians and others have official roles in the coding. The procedures, negotiating and relationship-building involved are complex and the in-the-room process during meetings is confidential.

Our field having limited and under-valued codes that are often not reimbursed is a result of the lack of attention paid to this process by our field over time. Effective and relevant codes require constant upkeep by the professions involved.

Neglected codes (those not submitted to insurance companies in great enough numbers) can deteriorate and be deleted from the list of codes. This neglect resulted in the utilization numbers (reported by Medicare and other insurance providers) becoming "bundled" together, and in our case, creating the new code 90901, "Biofeedback by any Modality." Biofeedback advocates did not take full needed steps to assure the reimbursement levels would be appropriate. For the past few years, renewed effort has been underway not only to protect the codes that currently exist (90901, 90875, 90876), but to have the codes refined.

What Can Providers Do to Help the Field Grow?

The most significant action that can be taken at this moment is to send claims in under the codes 90901 Biofeedback by any Modality, 90875 Biofeedback by any Modality and 25-30 minutes of psychotherapy or 90876, Biofeedback by any Modality and 45-60 minutes of psychotherapy. Even if you do not work with insurance, the field needs you to submit (or encourage and help your patients to submit) claims for neurofeedback and biofeedback. We must show that there is a demand for these services if we are to ask for expanded versions of these codes and more appropriate reimbursement. Claims that are under paid or denied count every bit as much as those that are well paid. The issue here is to show a big demand for these services. Later in the process, we will have the opportunity to take steps that will arrive at better reimbursement rates and more consistent payments. We are already making progress in several states and are seeing a more positive response to these services.

Summary

As can be seen by the responses to Dr. Rosenbaum's questions, there is considerable passion for our field and the belief that there are multiple things we can do to help the field grow. Dr. Pesaniello's assistance in understanding the importance of using and submitting the right CPT codes will also contribute to the growth of the field, just as educating mental health students, educational faculty and other professionals will. Finding ways to link with NIMH and other institutions will also benefit the field over time. MABS encourages individual providers and our professional bio/neurofeedback associations to think about what we each can do and/or how we can work together to promote the field and foster its healthy, safe and evidence-based growth.

From the MABS Editor:

In her closing remarks, Dr. Rosenbaum made this statement:

Biofeedback and neurofeedback self-regulation can help address epigenetics. Before I understood epigenetics formally, many years ago while puzzling about clients' challenges and those in my own family, I formulated the statement below, which recently was included in the National Library of Medicine:

We are not responsible for the genes we got, or the genes we pass on. We are responsible, have opportunities, and have some choices, of what we do with what we got. Lilian Rosenbaum, LCSW-C, PhD (concept developed in 1998).

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