

Biofeedback opens for Insurance Pay in America



by Jonas Paulauskas reporter (10-22-2013)

In December 2010 the Medicare National Coverage Determinations Manual declared that in the topic of 30 Complementary and Alternative Medicine, 30-1 Biofeedback would be covered and payable by Medicare. Other therapies in under Complementary and Alternative Medicine such as acupuncture, Transcendental meditation, thermogenic therapy, etc were recognized but not covered.

In 2009 doctor Nanette Robinson MD in Seattle Washington saw a patient with cancer. This patient had cancer and her symptoms (especially pain) were greatly reduced when she saw a SCIO therapist. The doctor wrote the prescription for the SCIO in January 2010. The doctor so prescribed the SCIO for home use saying it was a medical necessity to use the SCIO when needed at home and it would greatly improve this patient's quality of life. The doctor and this patient saw there was a superior form of biofeedback therapy in the auto-focused SCIO system.

In a court at the Medicare Hearings and Appeals case 1-63947241, the Judge ordered Regence Blue Shield to pay for the SCIO home use prescription. On October 6 2010 this patient Billings of the insurance company Appeals and Grievances Dept apologized for taking the court and the patient's time and they agreed to cover these SCIO services in the future if the proper software is used with it.

The insurance company sent this patient a used smelly generic biofeedback device, which she rejected. After a court battle the judge determined the insurance company was mandated to pay for the SCIO device for this patient to use at home. (Copy of letters and the prescription in the appendix)

The courts, Medicare, insurance companies and other medical institutions are opening up to validating biofeedback. Biofeedback has been a medically recognized form of therapy for over a century. We can see that for over a hundred years biofeedback has intrigued medicine. Just some of the early and remarkable events are listed here.

Biofeedback Brief History:

Claude Bernard proposed in 1865 that the body strives to maintain a steady state in the internal environment (milieu intérieur), introducing the concept of homeostasis.

Caton recorded spontaneous electrical potentials from the exposed cortical surface of monkeys and rabbits, and was the first to measure event-related potentials (EEG responses to stimuli) in 1875.

Danilevsky published *Investigations in the Physiology of the Brain*, which explored the relationship between the EEG and states of consciousness in 1877.

Beck published studies of spontaneous electrical potentials detected from the brains of dogs and rabbits, and was the first to document alpha blocking, where light alters rhythmic oscillations, in 1890.

Sherrington introduced the terms neuron and synapse and published the *Integrative Action of the Nervous System* in 1906.

Pravdich-Neminsky photographed the EEG and event related potentials from dogs, demonstrated a 12–14 Hz rhythm that slowed during asphyxiation, and introduced the term electrocerebrogram in 1912.

Féré demonstrated the exosomatic method of recording of skin electrical activity by passing a small current through the skin in 1888

Tarchanoff used the endosomatic method by recording the difference in skin electrical potential from points on the skin surface in 1889; no external current was applied.

Jung employed the galvanometer, which used the exosomatic method, in 1907 to study unconscious emotions in word-association experiments.

After World War II, mathematician Norbert Wiener developed cybernetic feedback theory, that proposed that systems are controlled by monitoring their results. The participants at the landmark 1969 conference at the Surfrider Inn in Santa Monica coined the term biofeedback from Weiner's feedback. The conference resulted in the founding of the Bio-Feedback Research Society, which permitted normally isolated researchers to contact and collaborate with each other, as well as popularizing the term “biofeedback.”

Marjorie and Hershel Toomim (1975) published a landmark article about the use of GSR biofeedback in psychotherapy.

From 1974 till the present Dr Nelson now Professor emeritus of medicine Desire' Dubounet has combined the electro-stimulation of the GSR to be a Cranial Electro Stimulation, and Transcutaneous Electro Nerval Stimulation, Transcutaneous Voltammetric Stimulation, and Electro Wound Healing. So MCES, TENS, TVEP, EWH could be autofocused by a cybernetic loop. This is a perfect combination of electro-stim with biofeedback. The started as the EPFX, led to the QXCI, the SCIO and now the Eductor. With over 200 articles most medically supervised, peer review published the SCIO technology is the most pervasively research energetic medicine device in history.

And Now Biofeedback is developing it firm place in medicine.

Three professional biofeedback organizations, the [Association for Applied Psychophysiology and Biofeedback](#) (AAPB), [Biofeedback Certification International Alliance](#) (BCIA), and the International Society for Neuro-feedback and Research (ISNR), arrived at a consensus definition of biofeedback in 2008:

“ Biofeedback is a process that enables an individual to learn how to change physiological activity for the purposes of improving health and performance. Instruments measure physiological activity such as brainwaves, heart function, breathing, muscle activity, and skin temperature. These instruments rapidly and accurately 'feed-back' information to the user. The presentation of this information — often in conjunction with changes in thinking, emotions, and behavior — supports desired physiological changes. Over time, these changes can endure without continued use of an instrument.”

Now post 2010 biofeedback and the SCIO have won the battle to be paid for by Medicare and the insurance companies. Medicine faces a new revolution in drugless therapy. It is still a time of conflict and the battle for freedom in medicine continues. But there are signs of true freedom on the horizon.

Insurance billing (Modified from IMUNE records):

If you are going to bill an insurance company for biofeedback you need to be careful you do not get sued for misbranding. That means you must be careful and think it all out.

The big news is that the insurance companies are being forced to pay for biofeedback. We are now fully part of real medicine. The SCIO device is validated biofeedback but since the regulators have found that there are fraudulent biofeedback systems like the Russian systems and the LIFE we must be careful. The new BIG system works to openly and clearly do biofeedback for the SCIO to meet all new regulations. If you do not have it, get it.

Next ask yourself what would you say with your hand on the bible in court to these questions, if you are sued by an insurance company. Think long and hard about this now.

What are your Qualifications? How much time did you spend getting them?

How did you pay for these qualifications? A proper biofeedback school program is not given out when you buy a device. The courts hate conflict of interest.

List all of you credentials to validate your ability to safely and effectively do biofeedback

How long have you practiced Biofeedback?

What was the biofeedback procedure used with this client?

And the court could ask for a demonstration.

Now Desire' has written a new book on all of this in detail, but here I can briefly summarize. The court will ask you and others about your qualifications and they want to see if you really know what you are doing or if you took some Mickey Mouse paperback course. The courts hate courses set up by sales agents that teach sales techniques more than therapy. Think about conflict of interest. Courts can smell conflict of interest a mile away.

Are you doing biofeedback or spiritual counseling? Insurance companies do not pay for spiritual counseling. Are you properly licensed or has some one in New York deceived you and given you an illegal spiritual license that will just aggravate the court. The international licenses from IMUNE are legal and helpful but be sure to say that it is an International License. This is ok. Any license in America to see patients must be given from a state. Under British VI and international law IMUNE can give such license. You can proudly show it in court. Biofeedback is not regulated but evidence of proper training is important. The court is satisfied if you validate 700 plus hours of training and two years of practice. This is the standard. A therapist in training can charge for biofeedback sessions but should disclose they are in training for the first two years.

Certification, registration, license, clubs, organization memberships can all help show the court you are a valid biofeedback technician. To get insurance payment you will need to have a registered provider of services number or a doctor who has prescribed the patient to see you. The doctor can prescribe the insurance company to pay for a home use SCIO and it fits all criteria. This has been done.

The court wants to know how many hours of training you have. Desire' has made the new 12 month course to the high European standards with over 750 hours required for video training and reading of textbooks. The next question; what kind of textbooks did you use in your course? Desire' has written over 85 certified medical university textbooks for you and Desire' spent over 35 million dollars on making video training to provide a complete professional course that you could be proud of in any court of law. This course is taught in three accredited European and international medical universities now. And more are interested. This full course has a complete list of more than 10 medical doctors as advisory faculty will stand up to any challenge of law. Desire' has been thorough and methodical to protect you.

And you can pay Desire' cash or in good Karma for the course materials. Yes you can pay Desire' with doing good deeds for your family, friends, neighbors and even your enemies. Yes Desire' is that great. If you want a piece of paper like a doctorate, license, certification these are not available for Karma but need to be paid in currency. They are very affordable now and the price will go up and up. If interested write to her at desire.dubounet@gmail.com

Now did your course really prepare you for these questions? You're billing an insurance company for a patient not a client. Would you be proud to demonstrate biofeedback in court? If you had a SCIO with the BIG and the 12 month course I guarantee you would be trained, proud and confident.

Do you have research that validates what you do? Do you have clinical doctor data from ISSN peer reviewed medical journals? They say publish or perish and it is true. The courts will ask you to bring in studies with the name of you device in them. This is very important. The SCIO has over 200 such medical articles and the SCIO studies are published and taught from certified medical university textbooks. This is the highest proof of validation and verification.

If someone does not think that such published clinical data is important, please see he is quite out of touch. Such validation and verification is very important. And to the courts nothing is more important than validation. You can proudly show hundreds of medical supervised studies, scientific research and more for the SCIO and the SCIO alone.

Now there are lots of small minds that hate large ideas and really hate great spirits. Yes great spirits get incredible resistance from mediocre minds. Desire's vision was to help the world and to legally, responsibly, ethically, and honorably establish and protect natural medicine. Desire's vision is vast so she saw big words like International, Medical, and University. And because of this vision now other accredited universities are teaching the course with my certified medical textbooks. There are people who fear Desire's Great Spirit and there are those who shirk away from controversy.

Desire' has written a complete book of 2012 instructions to get biofeedback billing and she is making a video training to teach it. Both will be available soon.

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Medicare National Coverage Determinations Manual

Chapter 1, Part 1 (Sections 10 – 80.12)

Coverage Determinations

from---- https://www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf

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(Rev. 129, 12-08-10)

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40.4 - Definition of Physician/Practitioner

(Rev. 62, Issued: 12-22-06, Effective: 11-13-06, Implementation: 04-02-07)

For purposes of this provision, the term “physician” is limited to doctors of medicine; doctors of osteopathy; doctors of dental surgery or of dental medicine; doctors of podiatric medicine; and doctors of optometry who are legally authorized to practice dentistry, podiatry, optometry, medicine, or surgery by the State in which such function or action is performed; no other physicians may opt out. Also, for purposes of this provision, the term “practitioner” means any of the following to the extent that they are legally authorized to practice by the State and otherwise meet Medicare requirements:

- Physician assistant;
- Nurse practitioner;
- Clinical nurse specialist;
- Certified registered nurse anesthetist;
- Certified nurse midwife;
- Clinical psychologist;
- Clinical social worker;
- Registered dietitian; or
- Nutrition Professional

The opt out law does not define “physician” to include chiropractors; therefore, they may not opt out of Medicare and provide services under private contract. Physical therapists in independent practice and occupational therapists in independent practice cannot opt out because they are not within the opt out law’s definition of either a “physician” or “practitioner”.

30.1 - Biofeedback Therapy

(Rev. 1, 10-03-03)

CIM 35-27

Biofeedback therapy provides visual, auditory or other evidence of the status of certain body functions so that a person can exert voluntary control over the functions, and thereby alleviate an abnormal bodily condition. Biofeedback therapy often uses electrical devices to transform bodily signals indicative of such functions as heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone into a tone or light, the loudness or brightness of which shows the extent of activity in the function being measured.

Biofeedback therapy differs from electromyography which is a diagnostic procedure used to record and study the electrical properties of skeletal muscle. An electromyography device may be used to provide feedback with certain types of biofeedback. Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful. This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions. (See the Medicare Benefit Policy Manual, Chapter 15, for general coverage requirements about physical therapy requirements.)

30.1.1 - Biofeedback Therapy for the Treatment of Urinary Incontinence

(Rev. 1, 10-03-03)

CIM 35-27.1

Biofeedback Therapy for the Treatment of Urinary Incontinence

This policy applies to biofeedback therapy rendered by a practitioner in an office or other facility setting.

Biofeedback is covered for the treatment of stress and/or urge incontinence in cognitively intact patients who have failed a documented trial of pelvic muscle exercise (PME) training. Biofeedback is not a treatment, per se, but a tool to help patients learn how to perform PME. Biofeedback-assisted PME incorporates the use of an electronic or mechanical device to relay visual and/or auditory evidence of pelvic floor muscle tone, in order to improve awareness of pelvic floor musculature and to assist patients in the performance of PME.

A failed trial of PME training is defined as no clinically significant improvement in urinary incontinence after completing four weeks of an ordered plan of pelvic muscle exercises to increase periurethral muscle strength.

Contractors may decide whether or not to cover biofeedback as an initial treatment modality.

Home use of biofeedback therapy is not covered.

2010-10-21 12:13

2010-Mar-19 16:32 VMMC Hematology-Oncology

February 15, 2010

To Whom It May Concern,

I am writing regarding my patient, [REDACTED] whose date of birth is [REDACTED] [REDACTED] is under my care for treatment of breast cancer that is metastatic to multiple bones. [REDACTED] has been receiving biofeedback treatments at a provider's office for treatment of pain and fatigue related to her metastatic breast cancer. These treatments have been very effective in decreasing [REDACTED] symptoms and therefore increasing her quality of life. The treatments have also allowed [REDACTED] to minimize the use of pain medications. [REDACTED] had a bone scan performed on 1/18/2010 and it revealed enlargement of existing bone metastases as well as new bone metastases. I would expect that [REDACTED] will begin to have increased and/or new pain from these sites as well as increased fatigue. Consequently, the biofeedback treatments will become even more important in the treatment of her symptoms. [REDACTED] would like to purchase a biofeedback machine for home use and would like the insurance company to consider coverage for this machine. Having a machine at home for use would allow her to have the treatments more often and in turn have an improved quality of life.

I hope that the above information is useful in determining the medical necessity for a home biofeedback machine for [REDACTED] if you need further information, I can be contacted by phone at [REDACTED]

Sincerely,

[REDACTED]
[REDACTED]
MD