Quantum Resonant Biofeedback

INSURANCE Made Easy

If You can do it Right

3-28-2014

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Name: test
Date of Birth: 2014.01.14.
Place of Birth: 

Address: 

Our Clinic Provider Code Number is: Natural Healing Center
Our Clinic Address: Kalvaria ter #2
Our Clinic Phone Number: 36-1-303-6042

Biofeedback Therapist:

Patient’s Name:
Patient ID#=
Patient Address=,
Patient Phone=,
Patient Insurance=,
ICD diagnostic Number=,
Other Diagnosis =
Misc Comments =

Physician / Practitioner Making Diagnosis and or Referral:

Address, Phone, E-mail:

Insurance Provider of Services:

$25  CPT Code -- 90875 -- Individual Lifestyle inventory, insight orientated behavior education

$150 CPT Code -- 90901 -- 1 hr Biofeedback Training, Quantum Resonant Biofeedback, EEG ECG GSR

$25  CPT Code-- 99090 -- Report and Computer Data Analysis, and patient Biblio-therapy - handouts

Today’s Total $200

Past Unpaid Balance Due:

Observations:
First Let’s Go Over Some

Important Things To Do

1. First learn what Validated and Verified means and how to achieve it. Learn how to read and present evidence.
2. Learn about what is a good research article and learn to value peer reviewed journal medically supervised double blind studies research validation. Learn about WHPRS.
3. Get properly trained and Int. LICENSED in Biofeedback with a total education. It is time to wake up and smell the coffee.
4. Get properly trained to do 3rd party billing
5. Use a Legal Validated, Verified, Registered Device and Software, Current Supported Software Only
6. Do NOT Diagnose a disease unless you are licensed to do so. Get a release from the diagnostician or better yet a prescription from him to be able to put a ICD diagnostic code onto a form or your super-bill
7. Always work within your Scope of Practice
8. Always use the Patient Contract Waiver
9. Always USE or strongly try to use a Medical Referral with all Patient’s and document it
10. If you do not use the harness do NOT bill insurance. If you do not use the harness please get trained and credentialed in QESP.
11. Contact the city and State to find out all office numbers, forms, rules and regulations you need to have an office. (tax id number as well as a federal id, etc)
12. If you have questions Ask the experts- go to https://www.facebook.com/groups/askandreveal/
There is so much Fraud and Lies in Alternative Medicine that WHPRS had to be made to sort out the Validation of the Products and Protect the Industry
SCIO/Eductor Device rating
is the highest = Platinum

1. 11 European Governmental Professional Work Qualifications for using the device. Platinum rating.

2. Taught in accredited medical universities and your device/product appears or your peer reviewed medical studies are quoted in certified medical textbooks. This takes a minimum of seven years in peer reviewed medical journals. Gold rating.

3. Medically supervised, Independently researched, double blinks, Peer reviewed medical journal publication Silver Rating.


5. Independent Medically Supervised Studies.

6. TESTIMONIALS, STORIES OR clinical studies done by your personal staff. Proper Ethics Committees and or Institutional Review Boards are needed, as well as informed consent and full compliance with the Helsinki research accord.

7. SCIENCE + DEVICE STUDIES+ SAFETY Registration+ MEDICAL CLAIM registration your device/product is proven safe, and effective for medical uses in the claims you specify in your registration.

8. SCIENCE + DEVICE STUDIES+ SAFETY Registration- here your device is safety tested to CE standards.

9. SCIENCE + DEVICE STUDIES- bench tested for performance specs.

10. SCIENTIFIC THEORY- accepted science.

11. MAGICAL THINKING SCIENCE- here pseudo-science, unproven theories.

12. DIVINATION- the devices uses subtle muscle control of the therapist.

13. FRAUDULENT-STOLEN – Completely Illegal.
THE AVERAGE COST OF FULLY VALIDATING + VERIFYING A MEDICAL DEVICE IS WELL OVER $400 MILLION DOLLARS

You must Prove and Develop the Science for Five Years of Published Research

Indigo is contained in all heating sun light

You Must get an IRB, do Several Double Blind Medical Supervised Studies, Publish them in Recognized Peer Review Medical Journals for over Five Years, and then get the Studies Published in Certified Medical Univ Textbooks

WHPRS EDUCATOR
Rating + 11 science, registrations publications, medical textbook, university taught, government licenses to use

EDUCATOR THE EDUCATOR IS THE MOST RESEARCHED ENERGETIC MEDICINE DEVICE IN HISTORY
Biofeedback

SCOPE OF PRACTICE
A Biofeedback Therapist must have a fundamental understanding of the physiological and psychological relationships between presenting problems and the causal and physiological dysfunction causing or contributing to them. A Biofeedback Therapist can help a patient deal with stress or lifestyle concerns. They can provide Lifestyle advice, relaxation training, muscle toning reeducation, meditation, exercise, networking, stress adjustment, and other OTC safe and evidenced based drugless therapies. Biofeedback therapists treat patients with any concern, but they do not treat or diagnose Diseases directly. Biofeedback therapists need to work within the medical system and with other clinicians for safety and professionalism. Biofeedback Therapists work to achieve insight into reducing the causes of disease, insight into triggers of suffering, insight into finding networks for good communication and insight into developing Wellness. They must know how to perform a good competent psychophysiological recording and to increase networking skills, self-awareness and responsibility of a patient. The therapist must be able to make reports.

Quantum Biofeedback Therapists must be aware of how VARHOPE and TVEP EPR reactions can be used and how the body electric responds to rectification.
Biofeedback opens for Insurance Pay in America

by Jonas Paulauskas reporter

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 Carol Burke. Carol 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 Carol’s quality of life. The doctor and Carol saw there was a superior form of biofeedback therapy in the auto-focused SCIO system.

The insurance company sent Carol 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 Carol to use at home.

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.

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.

Feré 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 of medicine Desire’ Dubounet has combined the electro-stimulation of the GSR to be a Quantum Resonant Biofeedback, 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/Eductor 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.

References


Feré, C., Note sur les modifications de la tension électrique dans le corps humain, Compt. rend. Soc. biol., 5, 23.


Medical Research Validation of the SCIO, IMUNE press

VARHOPE, IMUNE press

TVEP, IMUNE press, Science over convention, IMUNE press
AAPB Insurance Center

Applied Psychophysiology and Biofeedback professionals need professional liability insurance. Take advantage of affordable coverage available through AAPB.

No matter how cautious your approach to alternative medicine, no matter how careful you perform your job, the activities you are involved in on a daily basis can put your career and financial stability at risk. The AAPB-endorsed professional liability insurance program protects its members from the ever increasing risks of malpractice lawsuits.

Whether you're employed, self-employed, work full time or part time, having your own professional liability coverage will help you defend yourself. The program is available to individuals and groups of all sizes.

AAPB Member Benefits
- Take advantage of the group purchasing power and competitive rates
- Insurance coverage is provided through a master policy issued to the National Professional Purchasing Group Association in which you apply for membership at the same time you purchase the coverage
- Certificates of insurance are issued from a financially secure carrier, uniquely designed to meet the needs of applied psychophysiology and biofeedback professionals
- Affordable coverage that guarantees substantial protection (Limits up to $2 million per occurrence and $4 million annual aggregate)
- Supplemental liability coverage

Coverage is provided through the master policy issued to the National Professional Purchasing Group Association, utilizing a carrier rated "Excellent" by A.M. Best.

Discover how affordable your own, top-quality professional liability coverage can be. Receive a fast, free, online quote today.

AAPB offers Biofeedback liability insurance, which includes Biofeedback Provider professional liability insurance to Biofeedback professionals throughout the United States. This professional liability insurance is offered through a carrier rated "Excellent" by A.M. Best, and is endorsed by the Association for Applied Psychophysiology and Biofeedback.

AAPB Site topics of interest: Biofeedback Provider Professional Liability Insurance, Biofeedback Provider malpractice insurance.
Responsibility

Do What's Right

Do the SOC
Third Party Insurance Reimbursement for Biofeedback

Biofeedback is now being more and more embraced by Medicare Medicaid and all insurance companies.

In order to try to bring some order to this topic, it is important to remember how third party reimbursement works. When billing to third party payers, we need to complete (accurately) a claim form that provides specific information about what we did. In addition to the basic demographic information identifying your client, the claim form will include a diagnosis code and a procedure code. All of the decisions regarding payment will be based upon the combination of codes you provide.

First Get real Quality Education

Take your education seriously. Get a well-rounded quality education from the professionals. Make the time to read a book or two, watch a video or two and to really make a verifiable validation of your education. To be a biofeedback therapist there is much more than hitting a few buttons. And a hundred hours is just a start of a quality education.

Ask and Check for Details

The first step in the process is to contact the insurance company and verify coverage. The basic details of coverage may be available on-line, but if you want to determine if you will be paid for biofeedback services, you will need to call the insurance company. Payment may be restricted to participating providers or there may be higher deductibles and increased copays if you are not a network provider. Some services may also require preauthorization.

Many insurance companies have (long) lists of excluded services, and the biofeedback codes are sometimes on these lists. In other cases, the procedure codes will only be paid if the diagnosis code is from a list of covered conditions. As an example, the basic mental health procedural codes, like 90806, used by psychologists and counselors are only covered when the diagnosis is for a psychiatric or developmental disorder.

Get a referral from the Doctor/Practitioner

Work within the system with the family doctor and or other licensed staff. Make sure every client has a referral or is offered one. If they deny getting a referral then be sure to document their decision not to. A friend or person might just want a simple therapy for stress reduction. They might not want a referral. This is fine but do make sure this is fully understood that they are denying to get a medical consult from a qualified diagnostician.

Know the system before you try
Study the Procedures - Look at samples on the internet

There is a relatively small set of procedural codes for biofeedback. There are two pure biofeedback codes, 90901 and 90911. The 90901 code is for any modality of biofeedback and the 90911 code is pelvic floor training for the treatment of incontinence. There are also two codes for mental health providers, 90875 and 90876. These refer to sessions that combine biofeedback with some kind of talk therapy or counseling—90875 for a 25 minute session and 90876 for a 50 minute session. In addition to the codes listed above, some practitioners have been billing using codes from the physical medicine section of the code book or with the new health and behavior intervention/assessment codes. The use of these other codes reflects the complex and diverse ways that biofeedback training can be used. Most biofeedback practitioners believe in an integrated treatment approach in which biofeedback training is just one part of a package. Other modalities could include counseling, breathing training, relaxation and meditation techniques, Feldenkrais exercises, Tai-Chi, yoga, and so on. The basic biofeedback codes may not reflect accurately all of what is done within a session.

The set of alternative codes that have been used with biofeedback include 96150 and 96152, 97532, 97112, 96002 and 90806. The 90806 code is for psychotherapy, not biofeedback, and providers combining biofeedback and psychotherapy are advised to use 90876 or 90875. Some providers may be tempted to use 90806 when 90876 is not covered, but this can be considered to be a misrepresentation and leaves one open to charges of insurance fraud. Many clinicians have reported that insurance company representative have told them to use the 90806 when 90876 is not covered, but unless these instructions are obtained in writing, a significant risk remains. The health and behavior codes, 9615x, were released in 2002. They are used for the assessment or treatment by a psychologist of patients with primarily a physical complaint diagnosed by a physician. These codes recognize the mind/body connection and the interplay of biopsychosocial factors in the expression of health and disease. In many cases, a legitimate case for the use of these codes can be made for treatment that includes biofeedback for patients with chronic medical conditions such as headache, hypertension or fibromyalgia.

The health and behavior codes are time based codes. They are billed in 15 minute units and permit billing for extended sessions, e.g., 6 units for a 90 minute evaluation. They must be linked to a medical diagnosis given by a physician. It was intended that payment for these codes would come from the general medical pool of funds, not from mental health funds. In practice, the use of the medical diagnosis has caused problems at times because some insurance companies require the use of only mental health codes by psychologists.

The 97532 code refers to cognitive retraining; it has typically been used by speech and language pathologists working to improve cognitive function of patients with cognitive deficits. Many neurofeedback providers have started to use this code when working with clients with ADHD or TBI. The 97112 code refers to neuromuscular retraining of movement, balance or coordination. Surface EMG training (as well as some less common techniques) in rehabilitation settings can be coded with 97112. I have also come across a relatively new code, 96002, that is used for dynamic surface EMG recording for gait training and other functional activities. We may be able to use this code when providing EMG biofeedback to improve motor control.
Medicare

Medicare will pay for CPT codes 90901 and 90911 when specific criteria are met. Medicare does not reimburse for 90876. Under Medicare guidelines, biofeedback training for muscular pain or weakness may be eligible for payment. Each carrier will have a list of eligible diagnoses and you would have to check to see what conditions are eligible for your local carrier and whether you can be reimbursed as a provider.

The main concern when billing Medicare with 90901 is that reimbursement is quite low. The allowance is between $40-50 per session, regardless of the length of the session. The reimbursement for 90911 is typically higher. Billing Medicare for 90901 also requires the use of a modifier (GP or GN) to indicate whether the services are coordinated with physical therapy or occupational therapy.

All of the Medicare carriers are now paying for the health and behavior intervention codes. In Florida, the allowance is $97 for the evaluation (96150—1 hour or 4 units) and $89 for individual treatment (96152—1 hour or 4 units).

I don't have information on Medicare coverage of 97532. Since the vast majority of clients getting neurofeedback for attention deficit disorder are children, it is highly unlikely that they will have Medicare for insurance.

The federal workers' compensation program (http://owcp.dol.acs-inc.com/portal/main.do) will pay for biofeedback training. The enrollment process can be tedious, but once you are enrolled as a participating provider, you can bill for biofeedback services provided to federal employees who are injured on the job.

With regards to the major insurance carriers, it is impossible to give any universal advice. Many providers have reported success in getting reimbursement for biofeedback services, but it often requires getting authorization on a case-by-case basis. Certification by BCIA has been helpful as well as documentation from AAPB’s Evidence-Based Practice in Biofeedback and Neurofeedback. Neurofeedback providers have reported that having a QEEG brain map has been helpful in getting authorization or reimbursement. Blue Cross/Blue Shield has long been considered to be quite negative in its views about biofeedback, but several providers have reported success in getting paid by Blue Cross for biofeedback. In addition, we have reports of biofeedback reimbursement from Aetna, United and Delta on the West coast.

The best advice is to be persistent and prepared. Have your office verify coverage for all possible biofeedback codes for all of your patients. Coverage often varies widely based upon the specifics of a given contract and may include restriction based upon type of licensure. If you get a rejection initially, contact a supervisor, case manager or provider relations.
Start with a short life-style inventory of the SOC Index. Explain what behaviors can suppress or even obstruct the Natural Healing Curative process. We review what causes of disease the patient can reduce and we encourage accountability for the patient to accept responsibility in helping themselves. This short interview is essential for proper operations of the device and it is worth $25 on the super-bill.
You Still do NOT Want to DO the SOC Index, Well Taco Bell is Always Hiring

What Is Behavioral Medicine?

Behavioral Medicine is the interdisciplinary field concerned with the development and integration of behavioral, psychosocial, and biomedical science knowledge and techniques relevant to the understanding of health and illness, and the application of this knowledge and these techniques to prevention, diagnosis, treatment, and rehabilitation.
Intention-to-Treat Analyses in Behavioral Medicine
Randomized Clinical Trials

Sherry L. Pagoto · Andrea T. Kozak · Priya John ·
Jamie S. Bodenlos · Donald Hedeker · Bonnie Spring ·
Kristin L. Schneider

Published online: 25 March 2009
© International Society of Behavioral Medicine 2009

Abstract

Background Intention-to-treat (ITT) is an analytic approach where all randomized participants are included in analyses and in their originally assigned condition, regardless of adherence or protocol deviation.

Purpose The present study aimed to determine whether reporting and correct use of ITT in behavioral medicine randomized clinical trials (RCTs) published in behavioral journals has improved in recent years.

Methods ITT and related analytic conventions were examined in behavioral medicine RCTs (N=87) published in

Annals of Behavioral Medicine, Health Psychology, and the Journal of Consulting and Clinical Psychology in the years 2000–2003 and then again in 2006–2007. Logistic regression analyses tested whether ten indicators associated with ITT were being used increasingly over time. Also tested was whether reporting and correct use of ITT improved following the adoption of Consolidated Standards of Reporting Clinical Trials (CONSORT) statement.

Results Results revealed that less than half of RCTs (42%) used ITT analyses correctly. Over time, reporting of sample size estimation and primary outcome as well as use of the term “ITT” to describe analyses improved; however, correct implementation of ITT did not. Improvement was not specifically attributable to CONSORT adoption.

Conclusion Investigators’ claims of using ITT analyses have increased over time, but correct use of ITT has not.

Keywords Randomized controlled trials · Analytic quality · Intention-to-treat · Research design · Systematic review

Introduction

Intention-to-treat (ITT) is an analytic approach where all randomized participants are included in analyses and in their originally assigned condition, regardless of adherence or protocol deviation [1–5]. Preserving randomization increases the likelihood that group differences are due to the intervention and unaffected by biases that lead to an overestimation of the intervention effect [6]. The alternatives to ITT are per protocol (PP) and available case (AC) analyses. PP is when cases are included in the analyses only if they adhered to the assigned intervention and completed the follow-up [7]. In AC, only participants for whom data were obtained are included in the analyses.
90901 is not a ZIP code, it’s a CPT code. This is the code insurance companies use to decide whether or not to pay for services rendered. This particular CPT code is for biofeedback services. The good news is that any biofeedback professional may bill any insurance company for payment for biofeedback services rendered under this CPT code 90901. The bad news is most insurance companies will decline payment for your services under CPT 90901. (If you didn’t know, most insurance companies don’t like to pay if they can avoid it.)

Billing also depends on the device and the insurance guidelines (and the case manager) of the carrier whether you may invoice or not. All companies use a CPT billing code. Many insurance companies have (long) lists of excluded services, and the biofeedback codes are often on these lists. In other cases, the procedure codes will only be paid if the diagnosis code is from a list of covered conditions.

There is a relatively small set of procedural codes for biofeedback. There are two pure biofeedback codes, 90901 and 90911. Medicare will pay for CPT codes 90901 and 90911 when specific criteria are met. Medicare does not reimburse for 90876. Under Medicare guidelines, biofeedback training for muscular pain or weakness may be eligible for payment. Each carrier
will have a list of eligible diagnoses and you would have to check to see what conditions are eligible for your local carrier and whether you can be reimbursed as a provider.

There are several things you can do about billing insurance companies before that happens:

1. Never invoice insurance companies. Instead give your client a receipt for QRB relaxation training to manage stress or muscle re-education to manage pain, and let your client contact the insurance company for reimbursement. Make your agreement for payment with your client and offer to give them a receipt for reimbursement purposes. You may need to speak with their insurance company or employer regarding your services if you use this option. But if you approach this conversation professionally, you won’t need to be concerned.

2. Contact the insurance company in advance and ask for approval to use biofeedback for either relaxation to manage stress or muscle re-education to manage pain. If they want to know what CPT code you plan to use, tell them you usually use CPT 90901, but you’re willing to use any code they prefer. If they give you a new code, ask them what that code is for. (You don’t want to use any code assigned to only licensed providers.) If the insurance company declines to give their approval, try the next approach.

3. Ask your client if you can contact the medical doctor or chiropractor handling their health care to see if that licensed professional would supervise you during your client’s sessions. If your client agrees, you can contact your client’s doctor regarding this issue.

4. Better yet, identify any holistic medical or chiropractic practitioners in your area and use the NTCB Medical Biofeedback Project for suggestions on how to contact these professionals to supervise you while working with their clients. The doctor prescribes your intervention, invoices the insurance company under their CPT therapy codes and pays you for services rendered. You may have to contract with the doctor for a lower price than you usually charge, but the increased numbers may make this a viable source of income for you to do what you love to do.

The 90901 CPT Code allows you to invoice insurance companies for biofeedback services rendered. But the insurance company makes the final decision as to whether they will pay you or not. Knowing this, you have several options to consider should you decide to work with insurance companies. Find the option that works best for you or avoid the insurance issue completely.
Health Insurance

CPT CODE 97112
Neuro-Muscular Re-education

Health Insurance

CPT CODE 90911
Pelvic Floor Training for the Treatment of Incontinence
Medicare National Coverage Determinations Manual
Chapter 1, Part 1 (Sections 10 – 80.12)
Coverage Determinations

Transmittals for Chapter 1, Part 1
Foreword - Purpose for National Coverage Determinations Manual
10 - Anesthesia and Pain Management
   10.1 - Use of Visual Tests Prior to and General Anesthesia During Cataract Surgery
   10.2 - Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain
   10.3 - Inpatient Hospital Pain Rehabilitation Programs
   10.4 - Outpatient Hospital Pain Rehabilitation Programs
   10.5 - Autogenous Epidural Blood Graft
   10.6 - Anesthesia in Cardiac Pacemaker Surgery
20 - Cardiovascular System

30 - Complementary and Alternative Medicine
   30.1 - Biofeedback Therapy
   30.1.1 - Biofeedback Therapy for the Treatment of Urinary Incontinence
   30.2 - Thermogenic Therapy
   30.3 - Acupuncture
   30.3.1 - Acupuncture for Fibromyalgia
   30.3.2 - Acupuncture for Osteoarthritis
   30.4 - Electrosleep Therapy
   30.5 - Transcendental Meditation
   30.6 - Intravenous Histamine Therapy
   30.7 - Lactate and Related Substances
   30.8 - Cellular Therapy
   30.9 - Transillumination Light Scanning, or Diaphanography
Laws that Regulate Dietitians/Nutritionists

The forty-six states list below have laws that regulate dietitians or nutritionists through licensing, statutory certification, or registration. For state regulation purposes, these terms are defined as the following:

- **Licensing** — statutes include an explicitly defined scope of practice, and performance of the profession is illegal without first obtaining a license from the state.

- **Statutory certification** — limits use of particular titles to persons meeting predetermined requirements, while persons not certified can still practice the profession or occupation.

- **Registration** — the least restrictive form of state regulation, as with certification, unregistered persons are permitted to practice the profession. Typically, exams are not given and enforcement of the registration requirement is minimal.

Dietetics practitioners are licensed by states to ensure that only qualified, trained professionals provide nutrition services or advice to individuals requiring or seeking nutrition care or information. Only state — licensed dietetics professionals can provide nutrition counseling. Nonlicensed practitioners may be subject to prosecution for practicing without a license. States with certification laws limit the use of particular titles (eg, dietitian or nutritionist) to persons meeting predetermined requirements; however, persons not certified can still practice. Consumers in these states who are seeking nutrition therapy assistance need to be more cautious and aware of the qualifications of the provider they choose.

Should you plan to practice dietetics in these states it is important that you contact a state regulatory agency prior to practicing dietetics. Obtain state licensure agency contact information by clicking on the state name below:

- **Alabama** (1989)** — licensing of dietitian/nutritionist
- **Alaska** (1999) — licensing of dietitian/nutritionist
- **Arkansas** (1989) — licensing of dietitian
- **California** (1992)* — registration of dietitian
- **Connecticut** (1994) — certification of dietitian
- **Delaware** (2004) — licensing of dietitian/nutritionist
- **District of Columbia** (1986) — licensing of dietitian and nutritionist
- **Florida** (1998) — licensing of dietitian, nutritionist and nutrition counselors
- **Georgia** (1994)* — licensing of dietitian
- **Hawaii** (2000)* — certification of dietitian
- **Idaho** (1994) — licensing of dietitian
- **Illinois** (1991) — licensing of dietitian and nutrition counselors
- **Indiana** (1994) — certification of dietitian
- **Iowa** (1995) — licensing of dietitian
- **Kansas** (1991)* — licensing of dietitian
- **Kentucky** (1994)* — licensing of dietitian and certification of nutritionist
- **Louisiana** (1987)* — licensing of dietitian/nutritionist
- **Maine** (1994)* — licensing of dietitian and dietician technician
- **Maryland** (1994)* — licensing of dietitian and nutritionist
- **Massachusetts** (1999) — licensing of dietitian and nutritionist
- **Minnesota** (1994) — licensing of dietitian and nutritionist
- **Mississippi** (1995)* — licensing of dietitian and nutritionist title protection
- **Missouri** (1995)* — certification of dietitian
- **Montana** (1987)* — licensing of nutritionist and dietitian title protection
- **Nebraska** (1995)* — licensing of medical nutrition therapists
- **Nevada** (1995)* — certification of dietitian
- **New Hampshire** (2000) — licensing of dietitian
- **New Mexico** (1997) — licensing of dietitian, nutritionist and nutrition associates
- **New York** (1991) — certification of dietitian and nutritionist
- **North Carolina** (1991) — licensing of dietitian and nutritionist
- **North Dakota** (1990)* — licensing of dietitian and certification of nutritionist
- **Ohio** (1986) — licensing of dietitian
- **Oklahoma** (1994) — licensing of dietitian
- **Oregon** (1989) — certification of dietitian
- **Pennsylvania** (2002) — licensing of dietitian-nutritionist
- **Puerto Rico** (1974)* — licensing of dietitian and nutritionist
- **Rhode Island** (1991)* — licensing of dietitian and certification of nutritionist
- **South Dakota** (1996) — licensing of dietitian and nutritionist
- **Tennessee** (1987) — licensing of dietitian/nutritionist
- **Texas** (1995)* — licensing of dietitian
- **Utah** (1992) — certification of dietitian
- **Vermont** (1993) — certification of dietitian
- **Virginia** (1995)* — certification of dietitian and nutritionist
- **Washington** (1988) — certification of dietitian and nutritionist
- **West Virginia** (2000) — licensing of dietitian
- **Wisconsin** (1994) — certification of dietitian
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.
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.”

IMUNE ABC
Join the International REGISTER of Therapists

Let the World Know You are Part of the World of Energetic Medicine, Biofeedback, Naturopathy and other Natural Medical Arts
Do the Insurance Bill Right the first Time
and establish a long good working relationship

Florida Blue

ASSURANT
UnitedHealthOne

HUMANA

UnitedHealthcare

aetna

one
Humana

THINK

Do it Right
The First Time!
Plan Ahead

YOU NEVER GET A SECOND CHANCE
TO MAKE A FIRST IMPRESSION

FREEDOM HEALTH

Preferred Care Partners
A Health Plan with a Medicare Contract

UA United American Insurance Company
Since 1947

Golden Rule
A UnitedHealthcare Company

OPTIMUM HealthCare, Inc.

COVENTRY Health Care

"You didn't have time to do it right the first time but you had time to do it all over again."
Quote: Doug Stoffel
someecards user card.
We should agree as an industry for the qualified true IMUNE licensed Quantum Resonant Biofeedback Therapists to charge $200 us dollars or equivalent. If the patient cannot pay so much in cash let them pay part in Karma. This makes the patient see and feel he is getting $200 dollars in therapy. This helps to set a value for the industry. This improves the planet as the patient has the conscious or unconsciousness urge to help others. The Karma “help others” drop spreads thru the world and the world is a better place. We can palce value for our services while helping the poor and helping the planet. These videos will help you and your patients to understand more on this.

Karma pay as a way to help the world
http://www.youtube.com/watch?v=KM-18bEBr5Q
http://indavideo.hu/video/Pay_with_Karma_Pay_it_Forward
http://indavideo.hu/video/The_Story_of_St_Francis_of_Assisi_and_the_Pope
Wellness and Naturopathic Medicine Course
and You can Pay in Karma

Quotes from people about Desiré

"How would you like to spend some time with a great intellect like Einstein? Well Desire’ is without doubt the most intelligent person alive and I am sure that if Einstein was alive today he would like to spend time with Desiré"

"Desiré is one of the most dazzling intellects that has ever lived, combine her intellect with courage and we get a historical person who will be remembered by humanity forever"

"As a child they could not measure Desiré IQ it was off the charts. Desiré’s mental powers are phenomenal but her compassion and altruistic grace are transcendentally awe-inspiring"

"Desiré has saved countless lives she will never know and she has touched innumerable hearts and changed people’s lives"

"She has written over 80 medical textbooks, hundreds of medical journals, hundreds of scientific articles to help the planet. Desire’ has over the last 15 years spent over 35 Million Dollars making over 50 movies and hundreds of training videos to help preserve natural medicine. And the greatest thing is Desiré offers this training to the world not for money but for Karma. Desiré is not just the most astounding intellectual; she is the most astounding humanitarian."

IF YOU PROMISE TO HELP OTHERS
YOU CAN PAY ME

IN

KARMA

Contact: www.imune-europe.com
or the Dean at dean@imune.net
Licensure of Biofeedback in the US and the World

There is just no excuse anymore

Author: Professor of Medicine Desire’ Dubounet, D. Sc. L.P.C.C.

My good friend Monty Renov has pointed out an error I made to me. I thought that New York State had past the Biofeedback State License Board. It says it is held for consideration and I thought it was held passed. I was wrong; it is still waiting to be passed. It could be passed any day. Other states are considering such a board in an ever increasing world of regulation to appease fear.

So presently biofeedback is not regulated in America. This means Non Regulation, but still do not think you can practice medicine. People get certified by a proper Biofeedback agency like ABC which was started in 1993 as the AAQBT. With over 20 years of experience IMUNE and the ABC offer people to get registration, proper certification, diplomats, doctorate and licenses in Biofeedback.

In America only a State agency can give a license. Under British Law a University can do so. So it is undeniably possible for you to get an International License in Biofeedback from IMUNE and fully well use it. The rumors and fear about this was gossip from competitors. An International license from IMUNE is worth getting and it can be a definite help in getting you grandfathered when your State regulates Biofeedback. Open the door to good education.

http://indavideo.hu/video/Biofeedback_Licensing

Handy pocket carrying card or deluxe wall certificate
Get Licensed from IMUNE and mostly guarantee grandfathering, and then this opens the door to getting Insurance Payment and building your practice.


Bill A3012-2011

Provides for the licensing and regulation of the practice of biofeedback therapy; defines practice of biofeedback therapy; establishes state board of biofeedback therapy and the requirements to qualify for a license as a biofeedback therapist.

New York now is the only state to have a state license biofeedback board legislation waiting for full approval.

The State of New York is making a BIOFEEDBACK THERAPY PRACTICES ACT

ARTICLE 139-A here are excerpts,

Special interest words in RED

2011-2012 Regular Sessions
THE STATE OF NEW YORK ASSEMBLY
January 21, 2011
Introduced by M. of A. PRETLOW -- read once and referred to the Committee on Higher Education
AN ACT to amend the education law, in relation to the practice of biofeedback therapy
THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

DEFINITION OF PRACTICE OF BIOFEEDBACK THERAPY.
THE PRACTICE OF BIOFEEDBACK THERAPY IS THE USE OF SENSITIVE INSTRUMENTS TO MEASURE BODILY PROCESSES WITH THE PURPOSE OF REPORTING RESULTS TO THE PERSON BEING MEASURED TO ASSIST SUCH PERSON IN CONTROLLING THESE PROCESSES. THIS CAN BE A WAY TO
LEARN STRESS MANAGEMENT AND RELAXATION TO PREVENT STRESS RELATED DISORDERS, OR TO REDUCE OR ELIMINATE THE SYMPTOMS OF MANY SYNDROMES. IN ADDITION TO TEACHING SELF-REGULATION BY THE USE OF SUCH INSTRUMENTS, OTHER METHODS PROMOTING HEALTH AND COPING SKILLS TAUGHT BY THE BIOFEEDBACK THERAPIST INCLUDE, BUT ARE NOT LIMITED TO, LIFE STYLE BEHAVIORIAL MEDICINE, DIAPHRAGMATIC BREATHING, PROGRESSIVE RELAXATION, STRESS REDUCTION, AUTOGENIC TRAINING, IMAGERY, PSYCHO PHYSIOLOGICAL THERAPY AND COGNITIVE RESTRUCTURING.

S 6921. AUTHORIZED PRACTICE. ONLY A PERSON LICENSED OR AUTHORIZED PURSUANT TO THIS ARTICLE TO PRACTICE BIOFEEDBACK SHALL USE THE TITLE "BIOFEEDBACK THERAPIST".

S 6922. STATE BOARD OF BIOFEEDBACK THERAPY. 1. THE STATE BOARD OF BIOFEEDBACK THERAPY SHALL BE APPOINTED BY THE BOARD OF REGENTS ON RECOMMENDATION OF THE COMMISSIONER FOR THE PURPOSE OF ASSISTING THE BOARD OF REGENTS ON MATTERS OF LICENSING AND CONDUCT. THE STATE BOARD OF BIOFEEDBACK THERAPY SHALL BE COMPOSED OF SEVEN MEMBERS. INITIAL APPOINTMENTS TO THE STATE BOARD OF BIOFEEDBACK THERAPY SHALL BE SUCH THAT THE TERMS SHALL BE STAGGERED. NO MEMBER SHALL SERVE MORE THAN TWO TERMS.

2. SIX MEMBERS SO APPOINTED SHALL BE PERSONS LICENSED OR EXEMPT PURSUANT TO THIS ARTICLE, AND ONE MEMBER SO APPOINTED SHALL BE AN INDIVIDUAL LICENSED IN THIS STATE AS A PHYSICIAN WHO IS PRACTICING.

S 6923. REQUIREMENTS FOR A LICENSE. 1. TO QUALIFY FOR A LICENSE AS A BIOFEEDBACK THERAPIST AN APPLICANT SHALL FULFILL THE FOLLOWING REQUIREMENTS:

A. APPLICATION: FILE AN APPLICATION WITH THE DEPARTMENT.

B. EDUCATION: HAVE AT LEAST A MASTER’S DEGREE FROM AN ACCREDITED INSTITUTION OF HIGHER LEARNING IN A HEALTH CARE RELATED FIELD SATISFACTORY TO THE BOARD OF REGENTS, PLUS AT LEAST FIFTY HOURS OF DIDACTIC BIOFEEDBACK EDUCATION.
C. TRAINING AND SUPERVISION: HAVE AT LEAST ONE HUNDRED HOURS OF
CLINICAL EXPERIENCE IN THE PRACTICE OF BIOFEEDBACK THERAPY UNDER THE
SUPERVISION OF A PERSON WHO, BECAUSE OF EDUCATION AND EXPERIENCE WOULD BE
ELIGIBLE FOR LICENSURE OR IS LICENSED AS A BIOFEEDBACK THERAPIST.
D. EXAMINATION: PASS A WRITTEN AND PRACTICAL EXAMINATION SATISFACTORY
TO THE BOARD OF REGENTS.
E. AGE: BE AT LEAST TWENTY-ONE YEARS OF AGE.
F. CHARACTER: BE OF GOOD MORAL CHARACTER AS DETERMINED BY THE BOARD OF
REGENTS.
G. FEES: PAY A FEE OF ONE HUNDRED SEVENTY-FIVE DOLLARS TO THE DEPART
MENT FOR AN INITIAL LICENSE, AND AN ANNUAL FEE OF FIFTY DOLLARS THERE
AFTER.

2. AN APPLICANT WHO HAS SATISFIED THE REQUIREMENTS OF SUBDIVISION ONE
OF THIS SECTION, OTHER THAN EDUCATION, MAY BE LICENSED AS A
BIOFEEDBACK TECHNICIAN UPON OBTAINING AN ASSOCIATE’S DEGREE FROM AN ACCREDITED
INSTITUTION OF HIGHER LEARNING IN A HEALTH CARE RELATED FIELD
SATISFACTORY TO THE BOARD OF REGENTS. SUCH TECHNICIAN WOULD BE REQUIRED
TO PRACTICE UNDER THE DIRECTION OF A LICENSED BIOFEEDBACK THERAPIST.

S 6924. LIMITED PERMITS. THE DEPARTMENT MAY ISSUE A LIMITED PERMIT TO
AN APPLICANT WHO MEETS ALL REQUIREMENTS FOR LICENSURE. THE FEE FOR
EACH LIMITED PERMIT AND EACH RENEWAL SHALL BE SEVENTY DOLLARS.

S 6925. EXEMPT PERSONS. NOTHING CONTAINED IN THIS ARTICLE SHALL BE
CONSTRUED TO PROHIBIT THE PRACTICE OF BIOFEEDBACK THERAPY BY QUALIFIED
HEALTH CARE PROFESSIONALS LICENSED IN THIS STATE, OR BY STUDENTS OR
INTERNS IN HEALTH CARE EDUCATIONAL PROGRAMS. NOTHING CONTAINED IN THIS
ARTICLE SHALL BE CONSTRUED TO PROHIBIT THE PRACTICE OF BIOFEEDBACK
THERAPY BY QUALIFIED PARA-PROFESSIONALS WHO ARE SUPERVISED BY LICENSED
HEALTH CARE PROFESSIONALS QUALIFIED TO PRACTICE BIOFEEDBACK THERAPY.

(GRANDFATHERING CLAUSE)
S 6926. SPECIAL PROVISIONS. ANY PERSON PRACTICING BIOFEEDBACK
THERAPY ON (or before) THE EFFECTIVE DATE OF THIS ARTICLE, NOT OTHERWISE
EXEMPT, SHALL APPLY FOR A LICENSE AS A BIOFEEDBACK THERAPIST WITHIN ONE
YEAR OF SUCH DATE.PENDING LICENSURE, SUCH PERSON SHALL BE ELIGIBLE FOR
A LIMITED PERMIT AS
Provided in Section Sixty-Nine Hundred Twenty-Four of this Article.
Any person who meets the appropriate requirements and has been certified by A. 3012
A national certifying body having standards acceptable to the Board of Regents shall be granted a license.  (ABC will qualify for this)

S 6927. Practice Restrictions. Nothing contained in this Article shall be construed to confer the authority to practice medicine by biofeedback therapists.

Ex Post Facto Law from Legal Dictionary
[Latin, "After-the-fact" laws.] Laws that provide for the infliction of punishment upon a person for some prior act that, at the time it was committed, was not illegal.

One of the basic rules of English – American common Law is the rule of ex-post-facto. This means that if you are doing something and they pass a law that now prohibits your action, you can appeal to the law to continue what you are doing. This leads to the states having to offer a grandfather opportunity for people who have been doing something. The basic idea on biofeedback is that if you have been internationally licensed for over two years and your training is somewhat equal to masters’ level, you would have to be offered a chance to show you are good enough to be grandfathered a license. The IMUNE training is good enough to mostly assure you grandfathering.

From Wikipedia, the free encyclopedia
A grandfather clause is a provision in which an old rule continues to apply to some existing situations, while a new rule will apply to all future cases. Those exempt from the new rule are said to have grandfather rights or acquired rights. Frequently, the exemption is limited; it may extend for a set period of time, or it may be lost under certain circumstances.
ABC is such a National Certifying Body with real strict rules and standards.

ABC Certification

Biofeedback Medical Board

License and Professional Certification Fees

<table>
<thead>
<tr>
<th>Certification</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biofeedback + Wellness International License</td>
<td>$200/yr</td>
</tr>
<tr>
<td>American ABC Medical Board Certification</td>
<td>$200/yr</td>
</tr>
<tr>
<td>SCIO Educator European License Work Qualification</td>
<td>$1000 for training - $150/yr</td>
</tr>
<tr>
<td>International Medical Doctor License</td>
<td>$555/yr</td>
</tr>
</tbody>
</table>

http://www.youtube.com/watch?v=NjFWtqhGb-I
http://www.youtube.com/watch?v=S153ovWk2qQ
In the USA only a Government body or State can give a License, under British Law a University can give a License

<table>
<thead>
<tr>
<th>Program</th>
<th>Hours needed</th>
<th>Cost for Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home use for personal use</td>
<td>25 hr</td>
<td>$150</td>
</tr>
<tr>
<td>2. Instructor, MENTOR</td>
<td>course completion+</td>
<td>$350</td>
</tr>
<tr>
<td>3. Q-ESP-T</td>
<td>50 hr</td>
<td>$300</td>
</tr>
<tr>
<td>4. Diplomat Biofeedback+Wellness</td>
<td>100hr</td>
<td>$600</td>
</tr>
<tr>
<td>5. Doctorate Biofeedback+Wellness</td>
<td>700hr</td>
<td>$4,000</td>
</tr>
<tr>
<td>6. INTERNATIONAL MEDICAL DOCTORATE -1500hr</td>
<td></td>
<td>$8,000</td>
</tr>
<tr>
<td>7. Continuing Education Units (CEU)</td>
<td>1 hour</td>
<td>$75 / hour certificate</td>
</tr>
</tbody>
</table>

**EDUCATIONAL FEES**

IMUNE
An IMUNE Education and an International License in Biofeedback Guarantees Grandfathering When your State Passes a License in the Future
Clarification

Title: Outpatient Therapy Biofeedback Training

During NAS medical review, many inconsistencies were identified in meeting requirements for coverage and billing of concurrent charges related to outpatient biofeedback training services.

The amount of time the therapist spends working with a patient must be accurately documented in the medical record to support the units billed on a claim (for both untimed and time-based code services). Providers should be aware of the provision and billing requirements for each Current Procedural Terminology (CPT®) code billed.

CPT® code 90901 should be billed when biofeedback training is provided. Biofeedback training consists of the amount of time that the biofeedback modality is attached to the patient with the feedback results to be used and/or analyzed by the patient and/or clinician. Separate billing for concurrently applied modalities and/or procedures during biofeedback training is not appropriate. For example, a therapist may provide a combination of biofeedback and therapeutic exercises during the same 15 minutes to treat a patient. In these instances, the therapeutic exercises are considered to be a component of the biofeedback training and should not be separately billed. Providers should only bill the appropriate biofeedback training code for these combined services.

Example 1

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Biofeedback Training = 60 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>Therapeutic Exercises while on Biofeedback Training = 15 minutes</td>
</tr>
<tr>
<td>Bill</td>
<td>Biofeedback Training (90901) = one (1) unit</td>
</tr>
</tbody>
</table>

Example 2

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Biofeedback Training = 45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>Therapeutic Exercises without Biofeedback Training =15 minutes</td>
</tr>
<tr>
<td>Bill</td>
<td>Biofeedback Training = one (1) unit</td>
</tr>
<tr>
<td></td>
<td>Therapeutic Exercises = one (1) unit</td>
</tr>
</tbody>
</table>
Medicare covers biofeedback for the treatment of stress and/or urge incontinence in cognitively intact patients when documentation supports a previously failed trial in pelvic muscle exercise (PME) training. A failed trial is observed when no significant clinical improvement in urinary incontinence is noted after completing four weeks of a physician prescribed plan of PME. Medical record documentation of the failed PME trial must be present to justify coverage for biofeedback.

When biofeedback training is provided, the most appropriate biofeedback code (90901 or 90911) should be billed. Similarly, separate billing for concurrently applied modalities and/or procedures during biofeedback training is not appropriate. For example, a therapist may provide a combination of neuromuscular electrical stimulation (NMES), biofeedback, and therapeutic exercises during the same 15 minutes to treat a patient with urinary incontinence. In these instances, the therapeutic exercises and the NMES are considered to be a component of the biofeedback training and should not be billed separately. Providers should only bill the appropriate biofeedback training code for these combined services.

Example 1

<table>
<thead>
<tr>
<th>Treatment = 60 Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
</tr>
<tr>
<td>Biofeedback Training = 60 minutes</td>
</tr>
<tr>
<td>Electrical Stimulation = 15 minutes</td>
</tr>
<tr>
<td>Therapeutic Exercises while on Biofeedback Modality and Electrical stimulation</td>
</tr>
<tr>
<td>Bill</td>
</tr>
<tr>
<td>Biofeedback Training (90901 or 90911) = one (1) unit</td>
</tr>
</tbody>
</table>

Example 2

<table>
<thead>
<tr>
<th>Treatment = 60 Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
</tr>
<tr>
<td>Biofeedback Training = 45 minutes</td>
</tr>
<tr>
<td>Electrical Stimulation while on Biofeedback Modality = 15 minutes</td>
</tr>
<tr>
<td>Therapeutic Exercises without Biofeedback or Electrical Stimulation = 15 minutes</td>
</tr>
<tr>
<td>Bill</td>
</tr>
<tr>
<td>Biofeedback Training = one (1) unit</td>
</tr>
<tr>
<td>Therapeutic Exercises = one (1) unit</td>
</tr>
</tbody>
</table>
Example 3

Treatment = 60 Minutes

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biofeedback Training</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Electrical Stimulation while not on Biofeedback Modality</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Therapeutic Exercises during same 15 minute interval</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bill</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biofeedback Training</td>
<td>one (1) unit</td>
</tr>
<tr>
<td>Therapeutic Exercises (or attended Electrical Stimulation)</td>
<td>one (1) unit</td>
</tr>
</tbody>
</table>

Sources: Internet Only Manual (IOM) National Coverage Determinations Manual, Publication 100-03, Chapter 1, Sections 30.1, 30.1.1 and 160.12.
1. I fully understand that the attending therapists are not allopathic doctors (M.D.'s) and do not pretend to be, but are lifestyle, wellness consultants and are Internationally Licensed Quantum Resonant Biofeedback Specialists. This International License is fully permissible in any area where Biofeedback is unregulated. I have the right to ask to review all credentials and I am satisfied of the expertise of these therapists.

2. I fully understand the difference between the practice of allopathic medicine and Behavioral Lifestyle Wellness consulting, and Biofeedback.

3. I fully understand that the services provided by the attending therapists are not allopathic drug related, but are wellness behavioral or biofeedback in nature.

4. I fully understand that the attending therapists perform their services within the parameters of a natural health care and wellness system using Quantum Resonant Biofeedback and stress reduction.

5. I fully understand that the attending therapists do not offer allopathic drugs, surgery or chemical stimulants or radiation therapy. I understand that illness is not being diagnosed nor treated and that my wellness and stress are being measured. The therapist are helping me to accept responsibility in my life to change bad behaviors and to help my body deal with distress naturally though awareness.

6. I have been referred to the attending, biofeedback therapist’s services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health.

7. I will notify my family physician for a proper medical referral or I will find a proper health care professional to help determine diagnosis, contraindications or assistance to responsibility training.

8. If I deny such a health care professional referral, this document is a waiver of all liability to the attending therapists and their agencies. Quantum Resonant Biofeedback Wellness has been proven safe and effective in recognized ISSN peer reviewed medical journals and in accredited medical university textbooks. And I have been show how to access and review this vast work of validation research.
9. If I desire any services not provided by the attending, biofeedback therapists, which is my prerogative, I fully understand that I should seek them elsewhere. A referral for such services can be arranged.

10. I presently seek counsel, advice, opinions, biofeedback or points of view and/or programs within the scope of the attending therapist’s wellness, Quantum Resonant Biofeedback and stress reduction practice. I am aware and, fully release and offer cooperation to the biofeedback technician to do Quantum Resonant Biofeedback tests and treatments.

11. I fully understand that the services provided by the attending therapists are not generally accepted and/or recommended by all allopathic doctors or other conventional health professionals.

12. I realize that insurance payment is possible but unlikely. I agree to pay for the services in total, part in Karma if you are extremely disadvantaged. An Insurance Super-bill can be supplied and this office will cooperate and do all it can within reason to help your insurance company reimburse your payment.

Signature ____________________________ date __________________

You are entitled to receive information about methods of therapy, techniques used, duration of therapy, and fee structure. You may terminate psychotherapy at any time. You are also entitled to seek a second opinion at any time during the course of therapy. In a professional relationship such as psychotherapy, sexual intimacy between a therapist and a client is never appropriate and should be reported to the Colorado State Grievance Board immediately.

Confidentiality

Information provided by and to a client during therapy sessions with a licensed professional counselor is legally confidential and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the client. There are exceptions to the general rule of confidentiality listed in the Colorado statutes. You should be aware of these exceptions discussed below:

• If I have reason to suspect a child has been or is being abused or neglected, I am legally required to report this to the authorities.

• If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat.
• I could be court ordered to disclose my records regarding your treatment with me if you were court ordered into treatment.

Finally, there are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these situations. First, when I am away from the office for several days, I have entrusted a fellow therapist to “cover” for me. This therapist will be available to you in emergencies. Therefore, this person needs to know about you. Generally, I will tell this therapist only what he or she would need to know in the case of an emergency. Second, I sometimes consult with other therapists about my clients. This peer supervision supports me in providing high quality treatment. These persons are also required to keep your information private.

Your name will never be given to them, and they will only be told as much as they need to know to understand your Situation.

CLIENT’S RIGHTS

1. The right to treatment and services under conditions that support the client’s personal liberty and restrict such liberty only as necessary to comply with treatment needs

2. The right to an individualized written treatment plan, periodic review and assessment of needs and revisions of the plan including a description of services that may be need for follow-up

3. The right to refuse any recommended treatment or to withdraw consent for treatment and to be advised of the consequences of such refusal or withdrawal

4. The right to a humane treatment environment that affords protection from harm, appropriate privacy and freedom from verbal and physical abuse

5. The right to confidentiality of records under state law

6. The right to be informed of all rights in the client’s primary language

7. The right to legal counsel and all other requirements of due process

8. The right not to be subjected to remarks which ridicule the client or others

9. The right to be informed, in advance, of charges for services

10. The right to all existing services without discrimination because of race, creed, color, sex, age, handicap, national origin or marital status

11. The right to referral, as appropriate, to other providers of behavioral health services
12. The right to assert all grievances with respect to infringement to these rights, including the right to have such grievances considered in a fair, timely and impartial procedure. To assert a grievance I may call the State of Arizona Board of Behavioral

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICE

I, ______________________________ , have received a copy of this Office's Notice of Privacy Practices.

Client name: _______________________________________________________

Signature: ______________________________________________________ Date: __________________

It is your right to refuse to sign this document.

____________________________________________________________________________

For Office Use Only:

The reason that a standard acknowledgment (such as the above) of the receipt of the Notice of Privacy Practices was not obtained:

_________ Client refused to sign _________ Communication barriers prohibited obtaining _________ An emergency situation prevented this office from obtaining it _________ Other: ________

Review these


Biofeedback is a technique intended to teach patients self-regulation of certain unconscious or involuntary physiologic processes. The technique involves the feedback of a variety of types of information not usually available to the patient, followed by a concerted effort on the part of the patient to use this feedback to help alter the physiologic process in a specific way.
Biofeedback has been proposed as a treatment for a variety of diseases and disorders including anxiety, headaches, hypertension, movement disorders, incontinence, pain, asthma, Raynaud's disease, and insomnia. The type of feedback used in an intervention e.g., visual, auditory, etc., depends on the nature of the disease or disorder under treatment. This policy focuses on the use of biofeedback for the treatment of hypertension, anxiety, insomnia, asthma, movement disorders, and other miscellaneous applications (i.e., conditions not addressed in other policies on biofeedback).

**Policy**

Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.

**Investigational**

**NOTE:** Blue Cross and Blue Shield of Montana (BCBSMT) medical policies on biofeedback for specific indications supersede use of this policy.

BCBSMT considers biofeedback experimental, investigational and unproven to treat a variety of conditions, including but not limited to:

- Asthma,
- Anxiety disorders,
- Insomnia,
- Sleep bruxism,
- Tinnitus,
- Movement disorders,
- Bell's palsy,
- Motor function after stroke, injury, or lower-limb surgery,
- Raynaud’s disease,
- Orthostatic hypotension in patients with spinal cord injury,
- Hypertension.

**Rationale**

Several methodologic difficulties exist in assessing biofeedback. For example, most interventions that include biofeedback are multimodal and include relaxation and behavioral instruction, which may have effects separate from those that may occur due to biofeedback. While studies may report a beneficial effect of multimodality treatment, without appropriate control conditions, it is impossible to isolate the specific contribution of biofeedback to the overall treatment effect. For example, relaxation, attention, or suggestion may account for the successful results that have been attributed to biofeedback. These are nonspecific therapeutic factors, some of which can be considered placebo effects. Moreover, it is important that studies demonstrate that biofeedback improves disease-related health outcomes, as opposed to potentially affecting only physiologic, intermediate outcomes, and that they address the durability of effects beyond the initial, short-term biofeedback training period.

A 1995 Blue Cross Blue Shield Association Technology Evaluation Center (TEC) Assessment reviewed the literature on the use of biofeedback in the treatment of nine different conditions: anxiety disorders, headaches, hypertension, movement disorders, incontinence, pain, asthma, Raynaud’s disease, and insomnia. (1) The Assessment concluded that, due to methodologic limitations of the literature, there was insufficient evidence to conclude that biofeedback provides benefit in treating any of the nine conditions. While a substantial number of studies reported improvement in the biofeedback group relative to the no-
treatment group, there were generally no differences when the isolated effect of biofeedback was compared with relaxation or behavioral therapy alone. In addition, although there was evidence that feedback on physiologic processes provides patients with an enhanced ability to control these processes, there was, nevertheless, no consistent evidence of any relationship between a patient’s ability to exert control over the targeted physiologic process and any health benefits of the intervention.

Following is a summary of updated literature on topics covered in the 1995 TEC Assessment, as well as in new literature on biofeedback for any other miscellaneous conditions not considered in other medical policies. Updated literature searches have focused on identifying randomized controlled trials (RCTs) and meta-analyses.

Hypertension

A systematic review of studies on biofeedback for hypertension was published by Greenhalgh and colleagues in 2010. (2) The investigators searched for RCTs that included adults with essential hypertension (defined as at least 140/90 mm Hg) and that compared biofeedback interventions, alone or in combination with other therapies, to medication, sham biofeedback, no treatment, or another behavioral intervention. A total of 36 trials (n=1,660) met inclusion criteria. Trials generally had small sample sizes; only 4 included more than 100 patients. All were single-center, and most were conducted in the United States. Trials used a variety of biofeedback techniques including thermal biofeedback, galvanized skin response, pulse wave velocity, and heart rate variability; some trials used more than one modality. Twenty studies evaluated biofeedback alone, fifteen evaluated biofeedback combined with another intervention, and one had multiple arms and evaluated both types of interventions; only four trials included a sham biofeedback comparison group. The authors stated that they did not pool study findings due to differences in interventions and outcomes and the generally poor quality of the studies.

The investigators reported that trials comparing biofeedback alone versus no treatment or another behavioral intervention did not provide convincing evidence of the superiority of biofeedback. Only one of five trials that compared a biofeedback combination intervention (most commonly combined with relaxation) to a different behavioral treatment found the biofeedback intervention to be superior. Approximately half of the trials comparing a biofeedback combination to no treatment found a significant benefit to the biofeedback combination, but the specific effects of biofeedback cannot be determined from this analysis. Only one trial was identified that compared a biofeedback combination intervention to sham biofeedback, and this study did not find a significant difference in the efficacy of the two interventions. Four studies on biofeedback alone and another four on a combined biofeedback intervention reported data beyond six months; most of these found no significant differences in efficacy between the biofeedback and control groups. Greenhalgh and colleagues concluded, “...we found no convincing evidence that consistently demonstrates the effectiveness of the use of any particular biofeedback treatment in the control of essential hypertension when compared with pharmacotherapy, placebo, no intervention or other behavioral therapies.”

In a previous meta-analysis, published in 2003, Nakao and colleagues found that biofeedback was effective in lowering systolic and diastolic blood pressure but only when the biofeedback was combined with relaxation techniques. (3) The authors further noted that study is needed to determine whether biofeedback has any blood pressure lowering effect without relaxation techniques.

Motor function after stroke, injury, or lower-limb surgery

Several systematic reviews have been published; none of these conducted quantitative pooling of results due to heterogeneity among study populations, interventions, and outcome measures. A 2010 systematic review by Silkman and McKeon evaluated the effectiveness of electromyography (EMG) biofeedback for improving muscle function during knee rehabilitation after injury. (4) Four RCTs that compare knee rehabilitation exercise programs with and without biofeedback were identified. Sample sizes in individual studies ranged from 26 to 60 patients. Two of the four studies found a statistically significantly greater benefit in the programs that included biofeedback, and the other two did not find a significant difference
between groups. The positive studies assessed intermediate outcomes e.g., contraction values of the quadriceps muscles. None of the studies were designed to assess functional outcomes.

A Cochrane review that assessed electromyographic (EMG) biofeedback for the recovery of motor function after stroke was published in 2007. (5) It included thirteen randomized or quasi-randomized studies with a total of 269 patients. All of the trials compared EMG biofeedback plus standard physiotherapy to standard physiotherapy; in addition to standard physiotherapy, several studies also included a sham biofeedback group. The studies tended to be small and poorly designed. The authors did not find support for EMG biofeedback to improve motor power, functional recovery, or gait quality when compared to physiotherapy alone.

A systematic review by Zijlstra and colleagues, published in 2010, searched for studies evaluating biofeedback-based training to improve mobility and balance in adults older than 60 years of age. (6) Although the review was not limited to studies on motor function after stroke, more than half of the studies included older adults post-stroke. For inclusion in this review, studies needed to include a control group of patients who did not receive biofeedback and to assess at least one objective outcome measure. A total of 97 potentially relevant articles were identified, and 21 (22%) studies, including 17 RCTs, met the selection criteria. Twelve of the 21 (57%) studies included individuals post-stroke, 3 included older adults who had lower-limb surgery, and 6 included frail older adults without a specific medical condition. Individual studies were small; sample sizes ranged from 5 to 30 patients. The added benefit of using biofeedback could be evaluated in 13 of 21 (62%) studies. Nine of the 13 studies found a significantly greater benefit with interventions that used biofeedback compared to control interventions. However, the outcomes assessed were generally not clinical outcomes but were laboratory-based measures related to executing a task, e.g., moving from sitting to standing in a laboratory setting and platform-based measures of postural sway. The applicability of improvements in these types of measures to clinical outcomes such as the ability to perform activities of daily living or the rate of falls, is unknown. Only one study cited in this review reported an improvement in fall rates, and this trial could not isolate the effect of biofeedback from other components of treatment. In addition, only three studies reported long-term outcomes, and none of these reported a significant effect of biofeedback. Conclusions about the efficacy of biofeedback for improving mobility and balance in older adults cannot be drawn from these data due to the lack of evidence on clinical outcomes. Other methodologic limitations include limited data on the durability of effects and the inability to isolate the effect of biofeedback in many studies.

A 2010 RCT, not included in the Zijlstra et al. review, evaluated biofeedback to improve motor function in patients who were at least 6 months post-stroke. (7) The study, conducted in Italy by Jonsdottir and colleagues, randomized 20 patients to 20 sessions of EMG biofeedback (n=10) or standard rehabilitation (n=10). Patients in both groups received sessions lasting 45 minutes, 3 times a week. The biofeedback consisted of an acoustic signal; patients in the intervention group wore a biofeedback belt device. All patients completed the 20 sessions, and 9 in each group (a total of 90%) were available for the follow-up 6 weeks after completion of the intervention. The analyses found statistically significant effects of the biofeedback intervention on the outcome variables of ankle power peak, velocity, and stride length but not knee flexion peak from baseline evaluation to the final follow-up. For example, in the treatment group, stride length (percent height per second) increased from 44.1 pre-treatment to 51.1 at final follow-up, and stride length in the control group increased from 33.4 pre-treatment to 35.2 at final follow-up. Although positive, data from this study alone cannot change the conclusion of an insufficient body of evidence on biofeedback to improve motor function after stroke. Moreover, the study did not evaluate outcomes related to activities of daily living, and the biofeedback protocol used in the study has not been replicated in other studies.

Raynaud's disease

A 2009 systematic review on complementary and alternative medicine in the treatment of Raynaud’s disease included an examination of the literature on biofeedback. (8) The authors identified five trials, and these reported a variety of outcomes. A pooled analysis of findings from four trials (total n=110) on the change in frequency of attacks favored the sham control group over the biofeedback group (weighted mean
difference: -1.21; 95% confidence interval [CI]: -1.68 to -0.73; p<0.00001). Several trials had more than 2 arms; in the preceding analysis, only the arms comparing active and sham biofeedback were included.

The trial that was given the highest quality rating by the authors of the systematic review and had the largest sample size was the Raynaud’s Treatment Study, published in 2000. (9) This was a randomized comparison of sustained-release nifedipine and thermal biofeedback in 313 patients with primary Raynaud’s disease. In addition to these two treatment groups, there were two control treatments: pill placebo and EMG biofeedback. EMG biofeedback was chosen as a control because it did not address the physiologic mechanism of Raynaud’s disease. The mean attack rate at one year, the primary study outcome, was 0.16 in the thermal biofeedback group, 0.23 in the EMG biofeedback group, 0.07 in the nifedipine group, and 0.21 in the placebo group. Nifedipine significantly reduced Raynaud’s attacks compared with placebo (p<0.002), but thermal feedback did not differ significantly from EMG biofeedback (p=0.37). There was not a significant difference in attack rates in the nifedipine and thermal biofeedback groups for the primary outcome (p=0.08). However, several secondary outcomes including all attacks and verified attacks at two months significantly favored nifedipine over thermal biofeedback.

**Sleep bruxism**

One small randomized study (n=57) examined changes in sleep bruxism following treatment with a cognitive behavioral therapy program consisting of problem-solving, progressive muscle relaxation, nocturnal biofeedback, and training of recreation and enjoyment. (10) Similar improvements were observed for the occlusal splint group as for the multicomponent cognitive behavioral program. The effects of biofeedback were not isolated in this study and thus conclusions cannot be drawn about its effectiveness compared to occlusal splinting.

**Tinnitus**

An RCT by Weise et al. (11) investigated the efficacy of a biofeedback-based cognitive-behavioral treatment for tinnitus in Germany. Tinnitus patients (n=130) were randomly assigned to an intervention or a waiting-list control group. Treatment consisted of twelve sessions of a biofeedback-based behavioral intervention over a 3-month period. The primary outcome measures were global tinnitus annoyance and a daily rating of tinnitus disturbance measured by a Tinnitus Questionnaire (TQ) and a daily diary using visual analog scale (VAS) scores. Patients in the waiting-list group participated in the treatment after the intervention group had completed the treatment. Results showed improvements regarding the following: tinnitus annoyance; diary ratings of loudness; feelings of controllability; changes in coping cognitions; changes in depressive symptoms; TQ: total score (range 0–84) pre-assessment mean 54.7, post-assessment mean 32.52; TQ: emotional distress (range 0–24) pre-assessment mean 16.00, post-assessment mean 8.15; and diary: loudness VAS (range 0–10) pre-assessment mean 5.68, post-assessment mean 4.38. Improvements were maintained over a 6-month follow-up period in which variable effect sizes were observed. The study does not investigate the possible additive effect of biofeedback with cognitive-behavioral therapy and did not include an active treatment control group. In conclusion, these data are insufficient to draw clinical conclusions regarding the role of biofeedback for the treatment of tinnitus.

**Bell's palsy**

In 2008, Cardoso et al. (12) published a systematic review of studies on the effects of facial exercises on symptoms of Bell's palsy. Studies including patients with unilateral idiopathic facial palsy treated with facial exercises associated with mirror and/or EMG biofeedback were included in this review. Four studies (n=132) met the eligibility criteria. The studies described mime therapy versus control (n=50), mirror biofeedback exercise versus control (n=27), “small” mirror movements versus conventional neuromuscular retraining (n=10), and EMG biofeedback plus mirror training versus mirror training alone. The treatment length varied from 1 to 12 months. The authors concluded that “…because of the small number of randomized controlled trials, it was not possible to analyze if the exercises, associated either with mirror or EMG biofeedback, were
effective. In summary, the available evidence from randomized controlled trials is not yet strong enough to become integrated into clinical practice.”

**Orthostatic hypotension in patients with a spinal cord injury**

Gillis et al. (13) conducted a systematic review to identify and describe the body of literature pertaining to nonpharmacologic management of orthostatic hypotension during the early rehabilitation of persons with a spinal cord injury. Participants with any level or degree of completeness of spinal cord injury and any time elapsed since their injuries were included. Interventions must have measured at least systolic blood pressure and have induced orthostatic stress in a controlled manner and have attempted to control orthostatic hypotension during an orthostatic challenge. Four distinct nonpharmacologic interventions for orthostatic hypotension were identified: application of compression and pressure to the abdominal region and/or legs, upper body exercise, functional electrical stimulation applied to the legs, and biofeedback. Methodologic quality varied dramatically between studies. The authors concluded that “…The clinical usefulness of compression/pressure, upper body exercise and biofeedback for treating OH [orthostatic hypotension] has not been proven.”

**Ongoing clinical trials**

Improving function after knee arthroplasty with weight-bearing biofeedback (NCT01333189) (14): This randomized controlled trial is comparing a weight-bearing exercise program using biofeedback to a usual-care exercise program. The primary study outcome is weight-bearing symmetry 6 weeks post-surgery; secondary outcomes include the 6-minute walk test and stair climb test. The estimated date of study completion is December 2012.

**Summary**

A 1995 TEC Assessment found insufficient evidence to demonstrate the effectiveness of biofeedback for asthma, anxiety disorders, insomnia, movement disorders, Raynaud's disease, and hypertension. There continues to be insufficient evidence that biofeedback benefits these conditions. In addition, literature reviews have found insufficient evidence from randomized controlled trials to support the efficacy of biofeedback for treating sleep bruxism, tinnitus, Bell's palsy, motor function after stroke, injury or lower-limb surgery, and orthostatic hypotension in patients with spinal cord injury. Studies either failed to show any beneficial impact of biofeedback or had design flaws that leave the durability of effects in question or create uncertainty about the contribution of nonspecific factors such as attention or placebo effects. Thus, biofeedback is considered experimental, investigational and unproven for these miscellaneous conditions.

**Practice Guidelines and Position Statements**

In 2006, an American Academy of Sleep Medicine Report update was released entitled Practice Parameters for the Psychological and Behavioral Treatment of Insomnia. (15) In the section, Recommendations for Specific Therapies, item 3.9, the report states that “Biofeedback is effective and recommended therapy in the treatment of chronic insomnia. (Guideline)" The American Academy of Sleep Medicine (AASM) definition for guideline is "a patient-care strategy, which reflects a moderate degree of clinical certainty. The term guideline implies the use of Level II Evidence (randomized trials with high alpha and beta error) or a consensus of Level III Evidence (non-randomized concurrently controlled studies)."

No other relevant guideline or position statement was identified on the National Guideline Clearinghouse web site.

**Coding**

Disclaimer for coding information on Medical Policies
Procedure and diagnosis codes on Medical Policy documents are included only as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, device or diagnosis codes in a Medical Policy document has **no** relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a medical policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

**ICD-9 Codes**

93.08, 94.39. Experimental, investigational and unproven for all diagnoses.

**ICD-10 Codes**

GZC9ZZZ. Experimental, investigational and unproven for all diagnoses.

**Procedural Codes:** 90875, 90876, 90901, E0746

**Check CRSP Codes**

**References**


**History**

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IMUNE'S MASSIVE LIBRARY OF THE MOST IMPORTANT BOOKS AND ARTICLES OF NATURAL MEDICINE ARE AVAILABLE ON THE HARD DRIVE

IMUNE
International Medical University for Natural Education
Evidence Based Natural Energetic Medicine Education
biofeedback therapist request for referral

Declaration to Physician / Practitioner

From: Therapist Name:

Office Name:                 Office Street:

City, State, Zip:                        Phone #:

E-mail:

Date:

Dear Doctor:

I have been trained in evidenced based medical techniques of biofeedback. The courses have taught me evidence based ways to use quantum resonant biofeedback to help your patients. We have been trained in lifestyle assay and helping your patients to change their bad behaviors for good behaviors. We are trained to instill responsibility in your patient. We help them to deal with changing their life style behaviors to increase health. And we are trained to instill responsibility for their body and to train them to increase control of their bodies to decrease symptoms and increase wellness. We can provide an indepth responsibility discussion with your patient all from an evidenced based medical university educational background. We can help provide ways to help reduce and or avoid drugs if you wish and only if you wish. We are professionals using safe, legally registered, validated, verified techniques.

I have earned an International License in Biofeedback and I can legally supply biofeedback responsibility increasing therapies for your patients.

Here is my International License Number:

Here is a list of my educational background:

Here is a list of my experiential background:

Here is a list of registers I am listed on:

Here is a list of other Biofeedback and Health related agencies and associations I belong to:
Your patient, _________________, has come to our clinic for Biofeedback training. We would like your cooperation and assistance in developing the safest and most effective regimen for this patient.

Please advise our office if you would like a monthly printout or update on this patient.

Please inform our office if there are any contradictions or medical complications regarding this patient.

To assist this patient in receiving third-party payment for our services, please write a prescription for referral.

Enclosed is a partial list of our services and philosophy.

If we can assist you in any other way please advise.

Sincerely Yours,
Physician / Practitioner Referral Prescription Form for Biofeedback

Name:____________________________________________________

Date:  ________________  ( ) First Visit    ( ) Follow Up

Referring Physician/Practitioner Name:

_____________________________________________________________________

Referring Physician/Practitioner License number and type:

_____________________________________________________________________

Referring Physician/Practitioner Provider of Services Number (if different):

_____________________________________________________________________

Address:

_____________________________________________________________________

(Street/PO Box)    City    State

Zip

Fax: (____) _____________________    Phone: (____) _____________________

E-mail ______________________________________________________________
Patient’s Name: ______________________________________DOB: ____________________

Patient’s Responsible Guardian (if needed):
__________________________________________________________________________

Parent’s Name: ________________ Address: ________________Phone: ____________

Date(s) Patient Seen:
__________________________________________________________________________

Patient’s Insurance Carrier or Carriers: ______________________________________
__________________________________________________________________________

Reason for Referral with ICD diagnostic codes:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Any Specific Questions, Instruction, Contra-Indications or Requests:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________

Physician Signature

Thank you for evaluating this patient. To facilitate communication and treatment, please mail or fax this completed form to the physician listed above. This is not a
request for copies of psychotherapy notes, which require a signed consent to release. Thank you for your collaboration.

☐ Patient did not make appointment  
☐ Patient made an appointment but did not keep appointment  
☐ Patient not seen within 60 days

Initial Diagnoses with ICD codes:

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Medications Prescribed or used by patient:

______________________________________________________________________________

Follow-up Planned:

Name (type or print)                                                                 Signature

☐ Medication Management  
☐ Individual therapy  
☐ Family therapy  
☐ Individual therapy  
☐ Stress reduction  
☐ Brain Wave training  
☐ ECG therapy  
☐ Life Style concerns  
☐ Medical lab requests  
☐ Other Concerns

_________________________________________  _________________________________

Recommendations - Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
DISCLAIMER: Biofeedback Purposes Only Not for Primary Diagnosis Please use within your scope of Practice and Please get good Professional Education to Learn how to use and Interpret Results then Validate + Verify Results to accepted Standards.

Please attach any other Prescription Pads, Office Prescription Forms, Official Referral Paper work to this form
Become part of the medical community to change it

BY WORKING WITH THE DOCTORS VIA REFERRAL WE PROTECT OURSELVES
Post your office policies on the wall and then take a picture with today’s newspaper to document your policies start date.
Many Patients and Doctors want to try Drugless therapies these days, The Doctors do not have time and they welcome to work with well Trained Professional Biofeedback Therapists If you work with the Doctors you can get them to refer others to you
There is no mystery or confusion in insurance. If it's covered in the policy, it flies. Forget what everyone says, it's easy. You can post your fees if it is covered in their policy. If not, it doesn't matter what you do, it will not be paid.

If the procedure is covered in the policy, they pay (in my humble, educated opinion based on a career as an insurance billing specialist backed by life experience). Every time I bill insurance (again, weekly) I can charge what the state regulated fees are for biofeedback, not what I charge for a session which is based on what the market can bear in the region I am in. Again, it is an easy thing to do if you do your homework, not scary or difficult. When the procedure is covered in the policy, then posting the billing is legitimate and the insurance company pays.
Isn't "right action" the order of the day?

Well maybe “RIGHT ACTION” would include proper legal fully functional software. Your patients deserve the best and they deserve your dedication to get fully functioning software. Using illegal out of date software for third party payment can make things very bad for you and your family.

Isn't "right action" the order of the day? Maybe you have had some negative experiences with insurance billing. I don't want to diminish your message. It is just that when things have gone wrong with my billing experiences, it has worked out in my favor. It is just business and money. Easy stuff. I am in the business of teaching practitioners what works. Insurance billing works for me. If I ever make a mistake on any level, I don't expect them to pay. You are correct when you say to be thorough. Again, it's business.

My middle name is Tenacious. I never give up, especially when I know I'm right. Don't give up. Usually, when it is so troublesome as you explained, I talk to the same person every time. The notes are there in the computer and every person you speak to has access to them (however thorough the notes were posted). You are right as sometimes it is a vicious little game where the bottom line is that they don't want to part with the dollars for any reason. You have to weigh your valuable time against the good it is doing the client. I have a super lucrative practice thanks to these amazing devices, but about 1/2 cannot pay. Insurance billing is a huge boon to my fiscal picture. Sometimes I won't bill ins because it is too counterproductive and the client has plenty of healthy finances.

Cindy Plummer I copy all the applicable cards of the client front and back. Then I call the insurance company to find if alternative or biofeedback is covered by this clients policy. This all takes time, your valuable time. When it does all fall into place, it's a beautiful thing. Then I fill out a 1500 form by hand perfectly. Then I make 20 copies of my perfectly filled out form so that I don't make any small errors from time to time. Then I just put in the date and price, sign it and fax it. No problem. When the company has done the wrong thing, and they have, I call and talk to the same person to make it right. If they decide they want to penalize me for their error, I say no. If I am not satisfied I speak to the supervisor. It can be a tough racket, but once you get it down, it's like butter.

Cindy Plummer Just this last week I accepted a new client who has breast cancer, saw her and had 2 biofeedback sessions and she said she called her ins provider, Cigna, and that they do cover biofeedback!!!!! Omg. Tomorrow I will file my first 2 session. Truth is: unless you know what you are doing - it isn't easy. I got the code for breast cancer from another billing specialist that I called. It's all online. Will let you know how it turns out. As it is, healing people using biofeedback is easy, while getting reimbursed by insurance can be tricky. Thanks for you post, I remain the ever Intrepid Healer.
Desire Dubounet: Cindy you are not licensed to diagnose patients. When you put a cancer diagnosis onto an insurance bill without the doctor’s written permission, you are practicing medicine without a license. Please follow my instructions and use the proper referral form.

Sherine Legge Swanson: Has anyone been able to get their sessions covered thru insurance? I have the prescribing MD write the RX for biofeedback with the CPT code of 90901 and the diagnosis of stress and I write a super bill with the same code and the client submits this information but I have had no success with 3 different insurance companies. Any suggestions?

WISE Words from Dr Steve: The Best way to handle insurance is to have the client pay YOU in full and then have Them submit your super-bill to their insurance company! Then They can track the reimbursement and do all the follow-up work! Insurance coverage is between the client
and their insurance company...there is no reason for the practitioner to be involved in that interaction at all! Then once the super-bill is complete, it is out of your hands!

Desire Dubounet Cindy, do you at least have real legal current software or are you backdating your computer????

10 hours ago · Like

Desire Dubounet the Life people thought they were doing biofeedback till asked to prove it and then they found out the device did not do biofeedback at all and they were asked to pay back funds and when they could not, big trouble. Doing it right means doing biofeedback real with real devices and real legal software.

Yes I would take Desire's advice because she is the scientist & the only one who can guarantee that we get a properly working device.

Further, go ahead & let the insurance company investigate if they want to do some of the work, lol - Because FYI I did some research and I have found nothing there on that import alert. So then I filed with the Freedom of information act to request everything in the FDA file: For starters, I have seen No complaint of any kind or any problem filed by anyone against the device.

In order for the FDA to have jurisdiction or duty to even consider putting an alert on the device, they would need to be given just cause to take any action do so, where it would need to start with a complaint filed by someone - but there have been no complaints filed (by any citizen, etc, which I have seen.)

Secondly, even if there was a complaint filed, the next step would be for the FDA to get involved to physically try the device & test it for themselves, to see what it does, etc - They FDA has never seen or touched or tested any of our devices.
Further, they responded to me with a letter referencing 2 case #'s which are supposed to have any and all information regarding why the alert was filed to start with - however, upon my requesting this information through the Freedom of Information office, I received nothing! Nobody seems to have any information on these 2 cases, where they are appearing to be bogus cases & cases #'s which the FDA made up. (?)

So I asked a lawyer in the Freedom of Information Dept what she suggested to do about this, where she agreed told me to go back and tell the FDA to just lift the alert, because there is obviously nothing there - so they are re-reviewing it, to look at lifting it. Otherwise, yes several in the FOIA dept said we would just need to sue them otherwise, to make the FDA lift it - yes it seemed that those in this FOIA dept were supportive to do so or whatever is needed to correct it, recognizing the FDA made a mistake to put the alert there, or deliberately so.

In any case, a letter they sent me also said many irrelevant things that didn't make any sense, reflecting their ignorant opinions, such as to say they were 'unaware of any devices that detected stress' - (but ie, then what do blood pressure monitors do, etc?) There are lots of gadgets and devices that detect stress. So, I also requested to get their names & job titles and qualifications required & credentials they have, where I may suggest if they don't do their jobs properly & lift the alert, then they may be fired because they are incompetent & unqualified to be there, etc. (Are the quantum physicists? No. In any case, in my mind, nobody is qualified to make any comment about the device who has never seen it, tried it, or tested it, etc?)

So just to try and share with you about how there really appears to be nothing going on with that Alert except BS from a few Fda agents, etc.

My hands are full at the moment, but if anyone wants to try asking your District attorney or have any lawyer anywhere, legal aid, pro bono, whatever you may find, who may like to sue the FDA to remove the alert, great let me know, as I would be happy to give this information to someone who wants to sue them. Maybe I give them a couple more weeks to respond & remove it - then, DA may be a next step.

Don't think you are exempt if you have an indigo or any other device on this matter, they put blanket bogus alerts on all quantum biofeedback devices, or will - though yes its all bogus. But anyone who wants to sue them, feel free. ?

Why is there an alert & who was responsible to deal with this matter to start with, to make sure it was removed & not happen? I don't know, but of course the FDA is the #1 more responsible or should I say irresponsible party involved. However, gee Ken, if you were the 'co-founder and CEO for many years of the greatest, and most complete brokerage this business has ever seen,' here for America where the problem lies, then it might seem that you would be as responsible as anyone if not more, to be the one to have dealt with this or get it removed. ?

That being said - as I guess its still sitting there, you still could, as it could be done anytime by anyone who wants to step up & go do it. ? I'll be here.

thanks.
Energy Resilience  I have not been turned down to date either. I have a tax id number as well as a federal id number and I include the diagnosis, icd 9 code, and cpt code on the super-bill. Historically traditional bio has been approved for things like pain, stress, anxiety, hypertension, pelvic floor re-training. I try to match my icd 9 (soon to be 10) diagnoses codes to these already bio sanctioned items.

Desire Dubounet  be careful , Energy do not diagnose if you do not have a license to diagnose, get a release or a prescription from the doctor doing the diagnosis

Sherine Legge Swanson  Thank you I am a corporation so I have the TIN number and federal number. So you are using one of the diagnosis you stated above depending on the insurance company? As for the ICD 9 codes you are then you are basically using the same ones depending if the diagnosis

Desire Dubounet  I am working on the full course of what to do to get Insurance pay , I will have the course done in February , but I will start the course with a WARNING, WHAT EVER YOU DO DO NOT BILL AN INSURANCE COMPANY FOR BIOFEEDBACK USING THE INDIGO , it does not do biofeedback well enough for the insurance company, if there is a field inspection and they ask to see the device do biofeedback, you will be asked to refund all pays plus penalties , let's do this right this time people, I know that many of you do not care about doing things right and these people will ruin the entire thing for all

Sherine Legge Swanson  Desi I have copied and pasted my previous response to the Indigo use please respond ..ThanksDesi what you are saying about the Indigo is disturbing especially since quite a few of us own them. I am using my Indigo and billing insurance because this is what I have always done in my practice. If there is something not up to par with the Indigo then let's fix it . People cannot be buying new machines every time there is problems with the internal
organizations. I feel every one has a duty in this mess that has happened and everyone has a duty to fix it.

- **Because like you said Desi one bad publicity can ruin it for all.**

- But like I said in my previous text people bought the Indigo with the thought that you Desi advocated the Indigo. This needs to be made right without people buying new machines or changing to the Scio. We are one industry and we need to pull together or we will forever be working under the umbrella of being considered outside of the real medicine. I am trying to get biofeedback in my hospital and do not need this bickering. Please make it right by fixing what you think is wrong with the Indigo so we can move forward.

9 hours ago · Like

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**Desire Dubounet** as i have said over 1206 times I did support the promise of the indigo and Brian started well but his promises went unfulfilled and he did not check the box for biofeedback after the 2011 firmware update, we have done the best we can to fix it and we have made it legal to biofeedback claims if and only you have the new software, those backdating are committing several crimes, the indigo does all of the Subspace functions very well and thus it is worth having , good for home use, but as far as insurance payment is concerned I am absolutely convinced that an insurance investigation of biofeedback functions would find it unworthy for insurance payment, since you can make a $1000 a day with insurance billing it should become apparent that a upgrade to the Educator, or Educator is a good idea, then you know you are doing it well and any investigation you can pass, as to fixing the old indigos we are talking to James Clark about new firmware but he is not convinced it can help, this is up to him because we did not make the hardware , and I will make sure that now we do it right and we will not let promises go unfulfilled or let problems go unattended to

9 hours ago · Like

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**Sherine Legge Swanson** thank you and of course I can see that the Educator would be an optimal device for me but why is the Indigo good for home use and not for business use?

9 hours ago · Like

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**Desire Dubounet** Do you know what real Biofeedback looks like???

like this screen , does you Indigo show a real time flow of measurement like this , and if you take off the harness does the reading drop to zero ??? If not and the Indigo does NOT do this then it is not good enough for insurance payment, A rabid dog insurance investigator would love to prosecute to get the payment back
SCIO/Educator (on the left) does it as you see, but the Eductor (on the right) does it very well, state of the art and the promise is fulfilled due to my efforts, if the bigots would not have pushed Brian so much to leave me alone I could have helped the indigo more.
Desire Dubounet: be careful, Insurance investigators can be quite cruel they get a percentage of what they get back, some of them are independent agents living on the percentage of penalties they get back for the company, use a correct device and correct software.
Eductor 3rd Party Billing Procedure

Do the SOC-INDEX and CALIBRATION

Then do Go to the EEG ECG graph
Hit Start, Wait till you get a good Pre-Test screen shot, hit Stop Exit
Do the TEST, Do all therapies and then the EEG ECG Panel
Access EEG ECG review Panel.

Click on the item with the highest number and treat till the number in front of normal is the highest value.

Access Post Test EEG ECG After all Eductor functions are over.
Do the Post Test EEG ECG screen shot
Go to the Super-Bill Page for Insurance Billing
Physician / Practitioner Making Diagnosis and or Referral:

Address, Phone, E-mail:

Insurance Provider of Services:

$25  CPT Code – 90875 – Individual Lifestyle inventory, insight orientated behavior education

$150  CPT Code – 90901 – 1 hr Biofeedback Training, Quantum Resonant Biofeedback, EEG ECG GSR

$25  CPT Code --99090 -- Report and Computer Data Analysis, and patient Biblio-therapy - handouts

Today's Total $200

Past Unpaid Balance Due:

Observations:
You insurance Bill patient record package should include the following

1. SOC Index review and suggestions
2. EEG ECG Pre and Post readings
3. Dr Referral, Diagnosis and or prescription
4. Wellness QRB Contract
5. Super Bill with ICD # and CPT#
6. Records of all books, apps + handouts given
7. Comments

Keep these records Confidential and in a secure password protected place. The Insurance Company needs only the Super-Bill
EDUCATOR CHIROPRACTIC REPORT

C1-NC1-C1 Corrected C1-C1-C1 Corrected Corrected
C2-DegC2--C2 degeneration C2-C2--C2 degeneration NervCompression
C3-InflC3-C3 Corrected C3-C3-C3 Corrected Corrected
C4-InflC4-C4 Corrected C4-C4-C4 Corrected Corrected
C5--NC5--C5 NotCorrectedC5--C5--C5 NotCorrected Corrected
C6--NC6--C6 Corrected C6-C6-C6 Corrected Corrected
C7--InflC7--C7 Corrected C7-C7--C7 Corrected subluxation
T1--SLT1--T1 NervCompressionT1--T1--T1 NervCompression Corrected
T2--NT2--T2 Corrected T2--T2--T2 Corrected subluxation
T3--SLT3--T3 Corrected T3--T3--T3 Corrected degeneration
T4--NT4--T4 Corrected T4--T4--T4 Corrected Corrected
T5--NT5--T5 NotCorrectedT5--T5--T5 NotCorrected Corrected
T6--DegT6--T6 Corrected T6--T6--T6 Corrected Corrected
T7--NT7--T7 Temp Nerve CompT7--T7 Temp Nerve Comp Temp Nerve Comp
T8--InflT8--T8 NotCorrectedT8--T8--T8 NotCorrected Corrected
T9--NT9--T9 Corrected T9--T9--T9 Corrected Corrected
T10--NT10--T10 Corrected T10--T10--T10 Corrected inflammation
T11--DegT11--T11 inflammation T11--T11--T11 inflammation Corrected
T12--NT12--T12 inflammation T12--T12--T12 inflammation Corrected
L1--NL1--L1 NervCompressionL1--L1--L1 NervCompression Corrected
L2--NL2--L2 Corrected L2--L2--L2 Corrected Corrected
L3--NL3--L3 Corrected L3--L3--L3 Corrected Corrected
L4--NL4--L4 Corrected L4--L4--L4 Corrected Corrected
L5--NL5--L5 degeneration L5--L5--L5 degeneration degeneration
Cranial-DegCranial--Cranial Corrected Cranial-Cranial--Cranial Corrected Corrected
Sacral-SLSacral--Sacral Corrected Sacral-Sacral--Sacral Corrected
Occiput--NOcciput--OCCIPUT Difficult Occiput-Occiput--OCCIPUT Difficult Difficult

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Big Pharma
Big Sugar
Big Media
Big Banking
Big Money

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PROFESSOR DESIRÉ DUBOUNET

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