

Questions to ask your insurance company

Many insurance companies will not pay for EEG biofeedback. They may not cover services provided by a psychologist outside of their network, and/or may require prior authorization of sessions and/or specific forms to be completed.

If you hope to use your insurance, please be sure to call your insurance carrier before scheduling an appointment, and ask these questions:

Is there coverage in my policy for biofeedback*, or behavioral health services?

Is prior authorization required for reimbursement to be made?

If prior authorization is required, what are the procedures to obtain the initial authorization?

How many sessions are initially authorized for reimbursement?

What are the procedures for authorizing continuing treatment beyond the initial number of sessions authorized?

Does your policy reimburse the full amount of the provider's fee for services?

Is there a co-payment for services and if so what is the amount?

Is there an annual deductible that must be met before the insurance carrier will reimburse for services?

What information does the insurance carrier require to authorize sessions?

Does use of my insurance policy allow the insurance company to review records regarding my treatment? If so, who would have authorization to review my records?

Will the insurance carrier provide information about my health history to others, including other insurance companies?

***Biofeedback** is the broad category under which EEG biofeedback (neurofeedback) is usually recognized.