



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy Neurofeedback

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 515

BCBSA Reference Number: 2.01.28 (For Plan internal use only)

NCD/LCD: NA

Related Policies

- Biofeedback as a Treatment of Chronic Pain [#210](#)
- Biofeedback as a Treatment of Fecal Incontinence or Constipation [#308](#)
- Biofeedback as a Treatment of Urinary Incontinence [#173](#)
- Biofeedback for Miscellaneous Indications [#187](#)
- Biofeedback for the Treatment of Headache [#152](#)
- Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder, [#554](#)

Policy

**Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members**

Neurofeedback is considered [INVESTIGATIONAL](#).

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO BlueSM	This is not a covered service.

Medicare PPO Blue SM	This is not a covered service.
---------------------------------	---------------------------------------

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

CPT codes:	Code Description
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy; approx 20-30 minutes
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy; approx 45-50 minutes
90901	Biofeedback training by any modality

Description

Disorders of the Central Nervous System

Various disorders involve abnormal brain activity, including autism spectrum disorder, insomnia and sleep disorders, learning disabilities, Tourette syndrome, traumatic brain injury, seizure disorders, premenstrual dysphoric disorder, menopausal hot flashes, depression, stress management, panic and anxiety disorders, posttraumatic stress disorder, substance abuse disorders, eating disorders, migraine headaches, stroke, Parkinson disease, fibromyalgia, tinnitus, and attention-deficit/hyperactivity disorder (ADHD).

Treatment

Neurofeedback is being investigated for the treatment of a variety of disorders. Neurofeedback may be conceptualized as a type of biofeedback that has traditionally used the electroencephalogram (EEG) as a source of feedback data. Neurofeedback differs from established forms of biofeedback in that the information fed back to the patient (via EEG tracings, functional magnetic resonance imaging, near-infrared spectroscopy) is a direct measure of global neuronal activity, or brain state, compared with feedback of the centrally regulated physiologic processes, such as tension of specific muscle groups or skin temperature. The patient may be trained to increase or decrease the prevalence, amplitude, or frequency of specified EEG waveforms (eg, alpha, beta, theta waves), depending on the changes in brain function associated with the particular disorder. It has been proposed that training of slow cortical potentials (SCPs) can regulate cortical excitability and that using the EEG as a measure of central nervous system functioning can help train patients to modify or control their abnormal brain activity. Upregulating or downregulating neural activity with real-time feedback of functional magnetic resonance imaging signals is also being explored.

Two EEG-training protocols (training of SCPs, theta/beta training) are typically used in children with ADHD. For training of SCPs, surface-negative and surface-positive SCPs are generated over the sensorimotor cortex. Negative SCPs reflect increased excitation and occur during states of behavioral or cognitive preparation, while positive SCPs are thought to indicate a reduction of cortical excitation of the underlying neural networks and appear during behavioral inhibition. In theta/beta training, the goal is to decrease activity in the EEG theta band (4 to 8 Hz) and increase activity in the EEG beta band (13 to 20 Hz), corresponding to an alert and focused but relaxed state. Alpha-theta neurofeedback is typically used in studies on substance abuse. Neurofeedback protocols for depression focus on alpha interhemispheric asymmetry and theta/beta ratio within the left prefrontal cortex. Neurofeedback for epilepsy has focused on sensorimotor rhythm up-training (increasing 12 to 15 Hz activity at motor strip) or altering SCPs. It has been proposed that learned alterations in EEG patterns in epilepsy are a result of operant conditioning

and are not conscious or voluntary. A variety of protocols have been described for the treatment of migraine headaches.

Summary

Description

Neurofeedback describes techniques for providing feedback about neuronal activity, as measured by electroencephalogram biofeedback, functional magnetic resonance imaging, or near-infrared spectroscopy, to teach patients to self-regulate brain activity. Neurofeedback may use several techniques in an attempt to normalize unusual patterns of brain function in patients with various psychiatric and central nervous system disorders.

Summary of Evidence

For individuals who have attention-deficit/hyperactivity disorder (ADHD) who receive neurofeedback, the evidence includes randomized controlled trials (RCTs) and meta-analyses. Relevant outcomes are symptoms, functional outcomes, and quality of life. Several meta-analyses and at least 5 additional moderately sized RCTs (n range, 144 to 202 patients) have compared neurofeedback with methylphenidate, biofeedback, cognitive behavioral therapy, cognitive training, physical activity, or sham neurofeedback. Collectively, these studies found either small or no benefit of neurofeedback. A meta-analysis also found no effect of neurofeedback on objective measures of attention and inhibition. Studies that used active controls have suggested that at least part of the effect of neurofeedback may be due to attention skills training, relaxation training, and/or other nonspecific effects. Also, the beneficial effects of neurofeedback are more likely to be reported by evaluators unblinded to treatment (parents) than by evaluators blinded to treatment (teachers), suggesting bias in the nonblinded evaluations. Additional research with blinded evaluation of outcomes is needed to demonstrate the effect of neurofeedback on ADHD. However, the completion dates for some registered trials of neurofeedback in ADHD have passed without publication of results, suggesting the potential for publication bias. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have disorders other than ADHD (eg, chronic insomnia, epilepsy, substance abuse, pediatric brain tumors, and post-traumatic stress disorder) who receive neurofeedback, the evidence includes case reports, case series, comparative cohorts, small RCTs, and systematic reviews. Relevant outcomes are symptoms, functional outcomes, and quality of life. For these other disorders, including psychiatric, neurologic, and pain syndromes, the evidence is poor, and several questions concerning clinical efficacy remain unanswered. Larger RCTs that include either a sham or active control are needed to evaluate the effect of neurofeedback for these conditions. However, the completion dates for some registered trials of neurofeedback in disorders other than ADHD have passed without publication of results, suggesting the potential for publication bias. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
8/2023	Annual policy review. References added. Policy statements unchanged.
8/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
8/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
8/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
7/2018	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
3/2017	Annual policy review. New references added.
3/2016	Annual policy review. New references added.
8/2015	Annual policy review. New references added.
9/2014	Annual policy review. New references added.

10/2013	Annual policy review. New references added.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
2/2011	Reviewed - Medical Policy Group – Psychiatry and Ophthalmology. No changes to policy statements.
1/2011	Reviewed - Medical Policy Group – Neurology and Neurosurgery. No changes to policy statements.
12/3/2010	New policy describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. Kessler RC, Adler L, Barkley R, et al. The prevalence and correlates of adult ADHD in the United States: results from the National Comorbidity Survey Replication. *Am J Psychiatry*. Apr 2006; 163(4): 716-23. PMID 16585449
2. Kooij JJS, Bijlenga D, Salerno L, et al. Updated European Consensus Statement on diagnosis and treatment of adult ADHD. *Eur Psychiatry*. Feb 2019; 56: 14-34. PMID 30453134
3. Canadian Agency for Drugs and Technologies in Health. Guanfacine Hydrochloride Extended Release (Intuniv XR) Tablets: For the Treatment of Attention-Deficit/Hyperactivity Disorder. NCBI Bookshelf. Published July 2015. <https://www.ncbi.nlm.nih.gov/books/NBK349436/> Accessed April 14, 2023.
4. Lambez B, Harwood-Gross A, Golumbic EZ, et al. Non-pharmacological interventions for cognitive difficulties in ADHD: A systematic review and meta-analysis. *J Psychiatr Res*. Jan 2020; 120: 40-55. PMID 31629998
5. Van Doren J, Arns M, Heinrich H, et al. Sustained effects of neurofeedback in ADHD: a systematic review and meta-analysis. *Eur Child Adolesc Psychiatry*. Mar 2019; 28(3): 293-305. PMID 29445867
6. Yan L, Wang S, Yuan Y, et al. Effects of neurofeedback versus methylphenidate for the treatment of ADHD: systematic review and meta-analysis of head-to-head trials. *Evid Based Ment Health*. Aug 2019; 22(3): 111-117. PMID 31221690
7. Aggensteiner PM, Brandeis D, Millenet S, et al. Slow cortical potentials neurofeedback in children with ADHD: comorbidity, self-regulation and clinical outcomes 6 months after treatment in a multicenter randomized controlled trial. *Eur Child Adolesc Psychiatry*. Aug 2019; 28(8): 1087-1095. PMID 30610380
8. Gevensleben H, Holl B, Albrecht B, et al. Neurofeedback training in children with ADHD: 6-month follow-up of a randomised controlled trial. *Eur Child Adolesc Psychiatry*. Sep 2010; 19(9): 715-24. PMID 20499120
9. Cortese S, Ferrin M, Brandeis D, et al. Neurofeedback for Attention-Deficit/Hyperactivity Disorder: Meta-Analysis of Clinical and Neuropsychological Outcomes From Randomized Controlled Trials. *J Am Acad Child Adolesc Psychiatry*. Jun 2016; 55(6): 444-55. PMID 27238063
10. Riesco-Matías P, Yela-Bernabé JR, Crego A, et al. What Do Meta-Analyses Have to Say About the Efficacy of Neurofeedback Applied to Children With ADHD? Review of Previous Meta-Analyses and a New Meta-Analysis. *J Atten Disord*. Feb 2021; 25(4): 473-485. PMID 30646779
11. Lim CG, Poh XWW, Fung SSD, et al. A randomized controlled trial of a brain-computer interface based attention training program for ADHD. *PLoS One*. 2019; 14(5): e0216225. PMID 31112554
12. Hasslinger J, Bölte S, Jonsson U. Slow Cortical Potential Versus Live Z-score Neurofeedback in Children and Adolescents with ADHD: A Multi-arm Pragmatic Randomized Controlled Trial with Active and Passive Comparators. *Res Child Adolesc Psychopathol*. Apr 2022; 50(4): 447-462. PMID 34478006

13. Purper-Ouakil D, Blasco-Fontecilla H, Ros T, et al. Personalized at-home neurofeedback compared to long-acting methylphenidate in children with ADHD: NEWROFEED, a European randomized noninferiority trial. *J Child Psychol Psychiatry*. Feb 2022; 63(2): 187-198. PMID 34165190
14. U.S. National Library of Medicine. Neurofeedback and working memory training for children and adolescents with ADHD (KITE). NCT01841151. Updated September 5, 2021. <https://clinicaltrials.gov/ct2/show/NCT01841151?term=01841151&draw=2&rank=1>. Accessed April 14, 2023.
15. Arnold LE, Arns M, Barterian J, et al. Double-Blind Placebo-Controlled Randomized Clinical Trial of Neurofeedback for Attention-Deficit/Hyperactivity Disorder With 13-Month Follow-up. *J Am Acad Child Adolesc Psychiatry*. Jul 2021; 60(7): 841-855. PMID 32853703
16. Morales-Quezada L, Martinez D, El-Hagrassy MM, et al. Neurofeedback impacts cognition and quality of life in pediatric focal epilepsy: An exploratory randomized double-blinded sham-controlled trial. *Epilepsy Behav*. Dec 2019; 101(Pt A): 106570. PMID 31707107
17. Steingrimsson S, Bilonic G, Ekelund AC, et al. Electroencephalography-based neurofeedback as treatment for post-traumatic stress disorder: A systematic review and meta-analysis. *Eur Psychiatry*. Jan 31 2020; 63(1): e7. PMID 32093790
18. Shrivastava D, Jung S, Saadat M, et al. How to interpret the results of a sleep study. *J Community Hosp Intern Med Perspect*. 2014; 4(5): 24983. PMID 25432643
19. Melo DLM, Carvalho LBC, Prado LBF, et al. Biofeedback Therapies for Chronic Insomnia: A Systematic Review. *Appl Psychophysiol Biofeedback*. Dec 2019; 44(4): 259-269. PMID 31123938
20. Sokhadze TM, Cannon RL, Trudeau DL. EEG biofeedback as a treatment for substance use disorders: review, rating of efficacy, and recommendations for further research. *Appl Psychophysiol Biofeedback*. Mar 2008; 33(1): 1-28. PMID 18214670
21. Gabrielsen KB, Clausen T, Haugland SH, et al. Infralow neurofeedback in the treatment of substance use disorders: a randomized controlled trial. *J Psychiatry Neurosci*. 2022; 47(3): E222-E229. PMID 35705204
22. de Ruyter MA, Oosterlaan J, Schouten-van Meeteren AY, et al. Neurofeedback ineffective in paediatric brain tumour survivors: Results of a double-blind randomised placebo-controlled trial. *Eur J Cancer*. Sep 2016; 64: 62-73. PMID 27343714
23. Hong J, Park JH. Efficacy of Neuro-Feedback Training for PTSD Symptoms: A Systematic Review and Meta-Analysis. *Int J Environ Res Public Health*. Oct 12 2022; 19(20). PMID 36293673
24. Schoenberg PL, David AS. Biofeedback for psychiatric disorders: a systematic review. *Appl Psychophysiol Biofeedback*. Jun 2014; 39(2): 109-35. PMID 24806535
25. Jarusiewicz B. Efficacy of neurofeedback for children in the autism spectrum: a pilot study. *J Neurother*. Sep 8 2002;6(4):39-49. PMID
26. Sokhadze EM, El-Baz AS, Tasman A, et al. Neuromodulation integrating rTMS and neurofeedback for the treatment of autism spectrum disorder: an exploratory study. *Appl Psychophysiol Biofeedback*. Dec 2014; 39(3-4): 237-57. PMID 25267414
27. Kim DY, Yoo SS, Tegethoff M, et al. The inclusion of functional connectivity information into fMRI-based neurofeedback improves its efficacy in the reduction of cigarette cravings. *J Cogn Neurosci*. Aug 2015; 27(8): 1552-72. PMID 25761006
28. Pandria N, Athanasiou A, Styliadis C, et al. Does combined training of biofeedback and neurofeedback affect smoking status, behavior, and longitudinal brain plasticity?. *Front Behav Neurosci*. 2023; 17: 1096122. PMID 36778131
29. Hesam-Shariati N, Chang WJ, Wewege MA, et al. The analgesic effect of electroencephalographic neurofeedback for people with chronic pain: A systematic review and meta-analysis. *Eur J Neurol*. Mar 2022; 29(3): 921-936. PMID 34813662
30. Lavy Y, Dwolatzky T, Kaplan Z, et al. Neurofeedback Improves Memory and Peak Alpha Frequency in Individuals with Mild Cognitive Impairment. *Appl Psychophysiol Biofeedback*. Mar 2019; 44(1): 41-49. PMID 30284663
31. Lee YJ, Lee GW, Seo WS, et al. Neurofeedback Treatment on Depressive Symptoms and Functional Recovery in Treatment-Resistant Patients with Major Depressive Disorder: an Open-Label Pilot Study. *J Korean Med Sci*. Nov 04 2019; 34(42): e287. PMID 31674161
32. Linden DE, Habes I, Johnston SJ, et al. Real-time self-regulation of emotion networks in patients with depression. *PLoS One*. 2012; 7(6): e38115. PMID 22675513

33. Mehler DMA, Sokunbi MO, Habes I, et al. Targeting the affective brain-a randomized controlled trial of real-time fMRI neurofeedback in patients with depression. *Neuropsychopharmacology*. Dec 2018; 43(13): 2578-2585. PMID 29967368
34. Amatya B, Young J, Khan F. Non-pharmacological interventions for chronic pain in multiple sclerosis. *Cochrane Database Syst Rev*. Dec 19 2018; 12(12): CD012622. PMID 30567012
35. Shahrbanian S, Hashemi A, Hemayattalab R. The comparison of the effects of physical activity and neurofeedback training on postural stability and risk of fall in elderly women: A single-blind randomized controlled trial. *Physiother Theory Pract*. Feb 2021; 37(2): 271-278. PMID 31218913
36. Kayiran S, Dursun E, Dursun N, et al. Neurofeedback intervention in fibromyalgia syndrome; a randomized, controlled, rater blind clinical trial. *Appl Psychophysiol Biofeedback*. Dec 2010; 35(4): 293-302. PMID 20614235
37. Wu YL, Fang SC, Chen SC, et al. Effects of Neurofeedback on Fibromyalgia: A Randomized Controlled Trial. *Pain Manag Nurs*. Dec 2021; 22(6): 755-763. PMID 33579615
38. Cortoos A, De Valck E, Arns M, et al. An exploratory study on the effects of tele-neurofeedback and tele-biofeedback on objective and subjective sleep in patients with primary insomnia. *Appl Psychophysiol Biofeedback*. Jun 2010; 35(2): 125-34. PMID 19826944
39. Walker JE. QEEG-guided neurofeedback for recurrent migraine headaches. *Clin EEG Neurosci*. Jan 2011; 42(1): 59-61. PMID 21309444
40. Moshkani Farahani D, Tavallaie SA, Ahmadi K, et al. Comparison of neurofeedback and transcutaneous electrical nerve stimulation efficacy on treatment of primary headaches: a randomized controlled clinical trial. *Iran Red Crescent Med J*. Aug 2014; 16(8): e17799. PMID 25389484
41. Mayaud L, Wu H, Barthélemy Q, et al. Alpha-phase synchrony EEG training for multi-resistant chronic low back pain patients: an open-label pilot study. *Eur Spine J*. Nov 2019; 28(11): 2487-2501. PMID 31254096
42. Kober SE, Pinter D, Enzinger C, et al. Self-regulation of brain activity and its effect on cognitive function in patients with multiple sclerosis - First insights from an interventional study using neurofeedback. *Clin Neurophysiol*. Nov 2019; 130(11): 2124-2131. PMID 31546180
43. Kohl SH, Veit R, Spetter MS, et al. Real-time fMRI neurofeedback training to improve eating behavior by self-regulation of the dorsolateral prefrontal cortex: A randomized controlled trial in overweight and obese subjects. *Neuroimage*. May 01 2019; 191: 596-609. PMID 30798010
44. Chirita-Emandi A, Puiu M. Outcomes of neurofeedback training in childhood obesity management: a pilot study. *J Altern Complement Med*. Nov 2014; 20(11): 831-7. PMID 25188371
45. Kopřivová J, Congedo M, Raszka M, et al. Prediction of treatment response and the effect of independent component neurofeedback in obsessive-compulsive disorder: a randomized, sham-controlled, double-blind study. *Neuropsychobiology*. 2013; 67(4): 210-23. PMID 23635906
46. Deng X, Wang G, Zhou L, et al. Randomized controlled trial of adjunctive EEG-biofeedback treatment of obsessive-compulsive disorder. *Shanghai Arch Psychiatry*. Oct 2014; 26(5): 272-9. PMID 25477720
47. Subramanian L, Hindle JV, Johnston S, et al. Real-time functional magnetic resonance imaging neurofeedback for treatment of Parkinson's disease. *J Neurosci*. Nov 09 2011; 31(45): 16309-17. PMID 22072682
48. Tinaz S, Kamel S, Aravala SS, et al. Neurofeedback-guided kinesthetic motor imagery training in Parkinson's disease: Randomized trial. *Neuroimage Clin*. 2022; 34: 102980. PMID 35247729
49. Anil K, Hall SD, Demain S, et al. A Systematic Review of Neurofeedback for the Management of Motor Symptoms in Parkinson's Disease. *Brain Sci*. Sep 29 2021; 11(10). PMID 34679358
50. Pazooki K, Leibetseder M, Renner W, et al. Neurofeedback Treatment of Negative Symptoms in Schizophrenia: Two Case Reports. *Appl Psychophysiol Biofeedback*. Mar 2019; 44(1): 31-39. PMID 30267339
51. Bauer CCC, Okano K, Ghosh SS, et al. Real-time fMRI neurofeedback reduces auditory hallucinations and modulates resting state connectivity of involved brain regions: Part 2: Default mode network -preliminary evidence. *Psychiatry Res*. Feb 2020; 284: 112770. PMID 32004893
52. Markiewicz R, Markiewicz-Gospodarek A, Dobrowolska B, et al. Improving Clinical, Cognitive, and Psychosocial Dysfunctions in Patients with Schizophrenia: A Neurofeedback Randomized Control Trial. *Neural Plast*. 2021; 2021: 4488664. PMID 34434228
53. Nan W, Dias APB, Rosa AC. Neurofeedback Training for Cognitive and Motor Function Rehabilitation in Chronic Stroke: Two Case Reports. *Front Neurol*. 2019; 10: 800. PMID 31396152

54. Cho HY, Kim K, Lee B, et al. The effect of neurofeedback on a brain wave and visual perception in stroke: a randomized control trial. *J Phys Ther Sci*. Mar 2015; 27(3): 673-6. PMID 25931705
55. Güntensperger D, Thüring C, Kleinjung T, et al. Investigating the Efficacy of an Individualized Alpha/Delta Neurofeedback Protocol in the Treatment of Chronic Tinnitus. *Neural Plast*. 2019; 2019: 3540898. PMID 31049052
56. Sukhodolsky DG, Walsh C, Koller WN, et al. Randomized, Sham-Controlled Trial of Real-Time Functional Magnetic Resonance Imaging Neurofeedback for Tics in Adolescents With Tourette Syndrome. *Biol Psychiatry*. Jun 15 2020; 87(12): 1063-1070. PMID 31668476
57. Zhuo C, Li L. The application and efficacy of combined neurofeedback therapy and imagery training in adolescents with Tourette syndrome. *J Child Neurol*. Jul 2014; 29(7): 965-8. PMID 23481449
58. Wolraich ML, Hagan JF, Allan C, et al. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. Oct 2019; 144(4). PMID 31570648
59. McClafferty H, Sibinga E, Bailey M, et al. Mind-Body Therapies in Children and Youth. *Pediatrics*. Sep 2016; 138(3). PMID 27550982
60. National Institute for Health and Care Excellence. Efficacy of neurofeedback for children in the autism spectrum: a pilot study: management and support [CG170]. 2013; <https://www.nice.org.uk/guidance/cg170>. Accessed April 14, 2023.
61. Barbaresi WJ, Campbell L, Diekroger EA, et al. Society for Developmental and Behavioral Pediatrics Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Complex Attention-Deficit/Hyperactivity Disorder. *J Dev Behav Pediatr*. 2020; 41 Suppl 2S: S35-S57. PMID 31996577
62. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) for Biofeedback Therapy (30.1). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=41&ncdver=1&bc=AAAAQAAAAAAAA&>. Accessed April 14, 2023.