



Low Energy Neurofeedback System (LENS)

Clinical Overview, Safety Profile, and Evidence Summary (PCP Referral Support)

Dear Colleague,

Thank you for reviewing the enclosed referral materials. This letter provides an expanded clinical overview of the Low Energy Neurofeedback System (LENS) and its use as a non-invasive neuromodulation approach intended to support neural regulation and central nervous system (CNS) stability in patients with persistent neurologic or neurobehavioral symptoms.

What LENS is

LENS is a specialized form of neurofeedback developed by Len Ochs, PhD. During a session, ongoing EEG activity is passively monitored while an extremely low-intensity electromagnetic feedback signal is delivered through the same electrode leads used for EEG sensing. The patient remains passive; sessions do not require active cognitive effort, tasks, or sustained training behaviors.

How LENS differs from direct brain stimulation

LENS is distinct from transcranial electrical or magnetic stimulation techniques. It does not deliver continuous or high-amplitude stimulation intended to drive neuronal firing. The signal used in LENS is very low in intensity (micro-watt range) and is described in the LENS literature as being well below levels associated with tissue heating or direct electrical stimulation effects.

Clinical intent and rationale

Clinically, LENS is used to support endogenous CNS self-regulation—especially in presentations characterized by dysregulated arousal, neural “rigidity,” impaired adaptability, or persistent symptom patterns that continue to impact function despite appropriate conventional care. LENS is used as an adjunctive modality within an integrated plan of care and is not intended to replace standard medical, behavioral, or rehabilitative treatment.

- Attention/activation dysregulation (e.g., inattentiveness, hyperarousal, cognitive fatigue)
- Stress and mood-related dysregulation (e.g., anxiety, stress intolerance, depressive symptoms)
- Sleep and autonomic dysregulation (e.g., insomnia, variable energy/drive, reactivity)
- Headache syndromes and post-injury symptom clusters where CNS regulation is a target

Safety and tolerability

LENS is non-invasive, does not involve implanted devices, and does not introduce pharmacologic agents. The published LENS clinical literature and longstanding outpatient use describe a favorable tolerability profile when applied within appropriate parameters. When short-term effects occur, they are generally described as mild and transient (e.g., brief fatigue, headache, or short-lived symptom fluctuation). Ongoing clinical monitoring and conservative dosing/parameter selection are standard practice.

Evidence base (LENS-specific)

The LENS-specific evidence base includes foundational technical/clinical descriptions and clinical outcomes studies, including a retrospective clinical outcomes study of 100 patients treated at a specialty clinic (reported symptom improvements and EEG amplitude changes) and discussion of LENS use across a range of CNS-dysregulation presentations. These reports support feasibility and tolerability and provide preliminary clinical outcomes data; as with many neuromodulation approaches, ongoing higher-quality controlled research is desirable.

Selected LENS publications:

- Ochs L. *The Low Energy Neurofeedback System (LENS): Theory, Background, and Introduction*. Journal of Neurotherapy. 2006;10(2):5–39. doi:10.1300/J184v10n02_02.
- Larsen S, Harrington K, Hicks S. *The LENS (Low Energy Neurofeedback System): A Clinical Outcomes Study on One Hundred Patients at Stone Mountain Center, New York*. Journal of Neurotherapy. 2006;10(2–3):69–78. doi:10.1300/J184v10n02_06.
- Schoenberger NE, Shiflett SC, Esty ML, Ochs L, Matheis RJ. *Flexyx neurotherapy system in the treatment of traumatic brain injury: An initial evaluation*. Journal of Head Trauma Rehabilitation. 2001;16(3):260–274. (Referenced within the LENS literature as related low-energy neurofeedback work.)

What we are requesting from the PCP

Please complete the enclosed referral form by selecting relevant diagnosis(es), circling severity, indicating functional impairment domains, noting prior treatments attempted with incomplete response, and signing/dating the attestation. This documentation supports medical-necessity review and care coordination. No guarantee of outcome is implied or expected, and clinical response varies by individual.

Thank you for your time and collaboration in patient care. Please contact our office if additional clinical information is needed.

Sincerely,
Nathan McVeigh, ND
Low Energy Neurofeedback (LENS) Provider

Instructions for Referring Provider (PCP)

Low Energy Neurofeedback System (LENS) Referral

Thank you for assisting with this referral. This form is used to support medical necessity documentation for Low Energy Neurofeedback System (LENS), a non-invasive neuromodulation therapy.

How to Complete the Referral

1. Complete Patient Information at the top of the form.
2. Check all applicable ICD-10 diagnoses related to the patient's current condition.
3. Circle the overall symptom severity (mild, moderate, or severe).
4. Check functional areas impacted (school, work, home, emotional regulation, sleep).
5. Check prior treatments attempted with incomplete or partial response.
6. Review the medical necessity statement (no additional narrative required).
7. Sign and date the form in the Referring Provider Attestation section.

Clinical Notes

- LENS is intended as an adjunctive, non-pharmacologic therapy.
- Please select diagnoses that reflect functional impairment and clinical relevance.
- No guarantees of outcome are expected or required.
- This referral does not replace ongoing primary or specialty care.

Return Instructions

- Please return the completed referral form to the patient or fax it to the receiving clinic.
- A copy may be retained in your medical record.
- Additional documentation will be provided upon request if required by insurance.

Low Energy Neurofeedback System (LENS)

Medical Necessity Referral Form – ADULT (18+)

Patient Information

Patient Name:

DOB:

Phone:

Primary Diagnosis (ICD-10) – Check all that apply

Neurodevelopmental / Psychiatric / Neurologic / Pain Autonomic / Cognitive / Functional

- | | |
|--------------------------------|---|
| F90 ADHD | G90.A POTS |
| F41 Anxiety Disorder | G90.9 Autonomic disorder, unspecified |
| F32/F33 Depressive Disorder | G90.1 Peripheral autonomic neuropathy |
| F43 PTSD / Adjustment | I95.1 Orthostatic hypotension |
| F84 Autism Spectrum | R00.0 Tachycardia, unspecified |
| G43.__ Migraine | R41.89 Brain fog / cognitive dysfunction |
| G44.__ Headache (non-migraine) | R41.840 Attention & concentration deficit |
| S06.__ Traumatic Brain Injury | R41.3 Amnesia |
| M54.2 Neck Pain | R41.81 Age-related cognitive decline |
| M54.5 Low Back Pain | G31.84 Mild Cognitive Impairment (MCI) |
| M54.6 Thoracic Pain | F03.90 Unspecified dementia |
| M25.50 Joint Pain | F01.50 Vascular dementia |
| M79.1 Myalgia | G30.__ Alzheimer's disease |
| M79.7 Fibromyalgia | R53.82 Chronic fatigue |
| G89.4 Chronic Pain Syndrome | R53.83 Fatigue, other |
| | G47.__ Sleep disorder |
| | R45.86 Emotional lability |

Other (ICD-10 + description):

Symptom Severity – Check one:

Mild Moderate Severe

Functional Impairment – Check all that apply:

School/Academics	Work/Attendance	Home/Family
Emotional Regulation	Sleep	Pain Interference

Prior Treatments Attempted – Check all that apply:

Medication management	Behavioral therapy/counseling
Physical therapy/rehab	OT/Speech therapy
Lifestyle/integrative interventions	Supportive care/monitoring

Provider Attestation

Based on my clinical assessment, this patient demonstrates psychiatric, neurologic, autonomic, cognitive, or chronic pain syndromes resulting in functional impairment. LENS Neurofeedback is recommended as a non-invasive adjunctive neuromodulation intervention.

Provider Name:

Date:

Signature:

Referring Provider Contact

Clinic:

Phone:

Low Energy Neurofeedback System (LENS)

Medical Necessity Referral Form – PEDIATRIC (<18)

Patient Information

Patient Name:

DOB:

Parent/Guardian:

Phone:

Primary Diagnosis (ICD-10) – Check all that apply

Neurodevelopmental / Psychiatric / Neurologic / Pain Autonomic / Cognitive / Functional

F90 ADHD

G90.A POTS

F41 Anxiety Disorder

G90.9 Autonomic disorder, unspecified

F32 Depressive Disorder

R41.840 Attention & concentration deficit

F43 PTSD / Adjustment

R41.89 Cognitive dysfunction / brain fog

F84 Autism Spectrum Disorder

R53.82 Chronic fatigue

G43.__ Migraine

R53.83 Fatigue, other

G44.__ Headache (non-migraine)

G47.__ Sleep disorder

S06.__ Concussion / TBI

R45.86 Emotional lability

M54.2 Neck Pain

M54.5 Low Back Pain

M25.50 Joint Pain

M79.1 Myalgia

Other (ICD-10 + description):

Symptom Severity – Check one:

Mild

Moderate

Severe

Functional Impairment – Check all that apply:

School/Academics

Home/Family

Emotional Regulation

Sleep

Pain Interference

Prior Treatments Attempted – Check all that apply:

Medication management

Behavioral therapy/counseling

School supports/IEP/504

OT/Speech therapy

Lifestyle/integrative interventions

Supportive care/monitoring

Provider Attestation

Based on my clinical assessment, this pediatric patient demonstrates psychiatric, neurologic, autonomic, cognitive, or pain-related dysregulation resulting in functional impairment. LENS Neurofeedback is recommended as a non-invasive adjunctive neuromodulation intervention.

Provider Name:

Date:

Signature:

Referring Provider Contact

Clinic:

Phone:



LENS Referral Information

Referring Provider Contact Sheet

Nathan McVeigh, ND

Sunnyside Collaborative Care – Happy Valley Office

16144 SE Happy Valley Town Center Dr, Suite 214

Happy Valley, OR 97086-4257

Phone: (503) 658-7715

Fax: (503) 658-7181

Email (General Inquiries): contact@sunnysidecocare.com

Completed referral forms should be faxed to (503) 658-7181. Please include relevant diagnosis information, functional impairment documentation, prior treatments attempted, and the referring provider signature/date.