

Biofeedback

Policy Number: BIP014.K
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[Instructions for Use](#)

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Related Benefit Interpretation Policy

- [Acquired Brain Injury Services](#)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

In addition to the covered benefits listed in the *Covered Benefits* section, some members may have additional Biofeedback benefits. Refer to the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) or contact the Customer Service Department to determine coverage eligibility.

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Oklahoma, Texas and Washington

- Biofeedback for bladder rehabilitation as part of an authorized treatment plan. Examples include, but are not limited to:
- Biofeedback for the treatment of urinary incontinence for cognitively intact members who have failed a documented trial of pelvic muscle exercise (PME) training.
 - A failed trial of PME training is defined as no clinically significant improvement in urinary continence after completing 4 weeks of an ordered plan of pelvic muscle exercises designed to increase periurethral muscle strength.
 - Biofeedback for the treatment of fecal incontinence or constipation.
 - Biofeedback for children who have Dysfunctional Voiding Syndrome with urinary retention.

Oregon

Biofeedback to treat urinary incontinence and migraine headaches. Coverage is limited to a maximum of ten (10) treatments per lifetime.

Texas

In addition to coverage for Biofeedback for the treatment of urinary incontinence, fecal incontinence or constipation, Texas members also have coverage for Biofeedback services for a person with an acquired brain injury. Refer to Benefit Interpretation Policy titled [Acquired Brain Injury Services](#) for additional information.

Not Covered

Biofeedback services are **not covered** for conditions other than those listed above in *State Market Plan Enhancements* and *Covered Benefits* sections including use of home biofeedback therapy.

Definitions

Dysfunctional Voiding Syndrome: A voiding disorder characterized by dyssynergic striated sphincteric (bladder muscle) activity in the absence of a proven neurological etiology

References

Sinha S. Dysfunctional voiding: A review of the terminology, presentation, evaluation and management in children and adults. *Indian J Urol.* 2011 Oct;27(4):437-47. doi: 10.4103/0970-1591.91429. PMID: 22279306; PMCID: PMC3263208.

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
10/01/2023	All	Definitions <ul style="list-style-type: none">Removed definition of “Biofeedback”Revised definition of “Dysfunctional Voiding Syndrome” Supporting Information <ul style="list-style-type: none">Added <i>References</i> sectionArchived previous policy version BIP014.J
	Oklahoma & Washington	Covered Services <ul style="list-style-type: none">Revised list of covered services for bladder rehabilitation as part of an authorized treatment plan; replaced “biofeedback for fecal incontinence or constipation in members with organic neuromuscular impairment” with “biofeedback for <i>the treatment of</i> fecal incontinence or constipation”
	Oregon	Covered Services <ul style="list-style-type: none">Revised language to indicate biofeedback to treat urinary incontinence and migraine headaches; coverage is limited to a maximum of ten (10) treatments per lifetime
	Texas	Covered Services <ul style="list-style-type: none">Revised list of covered services for bladder rehabilitation as part of an authorized treatment plan; replaced “biofeedback for fecal incontinence or constipation in members with organic neuromuscular impairment” with “biofeedback for <i>the treatment of</i> fecal incontinence or constipation”Added language to clarify <i>Texas members also have coverage for</i> biofeedback services for a person with an acquired brain injury <i>in addition to coverage for biofeedback for the treatment of urinary incontinence, fecal incontinence, or constipation</i>

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.