

# Biofeedback

**Policy Number:** BIP013.M  
**Effective Date:** October 1, 2024

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Federal/State Mandated Regulations</a> .....	1
<a href="#">State Market Plan Enhancements</a> .....	1
<a href="#">Covered Benefits</a> .....	1
<a href="#">Not Covered</a> .....	1
<a href="#">Definitions</a> .....	1
<a href="#">References</a> .....	2
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	2

Related Policies
None

## 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.

Medically necessary biofeedback is covered for members with organic neuromuscular impairment when provided as part of an authorized treatment plan for the following conditions:

- Urinary incontinence
- Fecal incontinence or constipation
- Dysfunctional Voiding Syndrome with urinary retention in children

## Not Covered

Biofeedback services are **not covered** for conditions other than those listed above in *State Market Plan Enhancements* and *Covered Benefits* sections.

## 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	Summary of Changes
10/01/2024	<p data-bbox="337 365 578 394"><b>Covered Benefits</b></p> <ul data-bbox="337 401 1479 579" style="list-style-type: none"><li data-bbox="337 401 1479 489">● Revised language to indicate medically necessary biofeedback is covered for members with organic neuromuscular impairment when provided as part of an authorized treatment plan for the following conditions:<ul data-bbox="383 495 1198 579" style="list-style-type: none"><li data-bbox="383 495 675 522">○ Urinary incontinence</li><li data-bbox="383 527 834 554">○ Fecal incontinence or constipation</li><li data-bbox="383 558 1198 579">○ Dysfunctional Voiding Syndrome with urinary retention in children</li></ul></li></ul> <p data-bbox="337 590 513 619"><b>Not Covered</b></p> <ul data-bbox="337 625 1495 772" style="list-style-type: none"><li data-bbox="337 625 1495 772">● Replaced language indicating “biofeedback services are not covered for conditions other than those listed in the <i>State Market Plan Enhancements</i> and <i>Covered Benefits</i> sections [of the policy] <i>including use of home biofeedback therapy</i>” with “biofeedback services are not covered for conditions other than those listed in the <i>State Market Plan Enhancements</i> and <i>Covered Benefits</i> sections [of the policy]”</li></ul> <p data-bbox="337 783 662 812"><b>Supporting Information</b></p> <ul data-bbox="337 819 878 840" style="list-style-type: none"><li data-bbox="337 819 878 840">● Archived previous policy version BIP013.L</li></ul>

## 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.