

Biofeedback

Policy Number: BIP013.N
Effective Date: August 1, 2025

[Instructions for Use](#)

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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. Accessed July 9, 2025.

Policy History/Revision Information

Date	Summary of Changes
08/01/2025	<ul style="list-style-type: none"><li data-bbox="337 396 971 424">• Routine review; no change to coverage guidelines<li data-bbox="337 426 889 453">• Archived previous policy version BIP013.M

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.