

UnitedHealthcare® West Benefit Interpretation Policy

Biofeedback

Policy Number: BIP014.L Effective Date: October 1, 2024

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

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

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

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 <u>Acquired Brain Injury Services</u> 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.

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
10/01/2024	All	 Not Covered 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]" Supporting Information
	Oklahoma, Texas, & Washington	 Archived previous policy version BIP014.K Covered Benefits Oklahoma, Texas, and Washington 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 treatment of: Orinary incontinence Fecal incontinence or constipation Oysfunctional Voiding Syndrome with urinary retention in children

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.