

# Biofeedback

Policy Number: BIP014.I  
 Effective Date: September 1, 2021

[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.

- 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.
  - Oklahoma, Texas and Washington: Biofeedback for fecal incontinence or constipation in members with organic neuromuscular impairment.
  - Biofeedback for children who have dysfunctional voiding syndrome with urinary retention.
- Oregon: Biofeedback to treat migraine headaches.
- Texas: Biofeedback Services for a person with an Acquired Brain Injury. Refer to Benefit Interpretation Policy titled [Acquired Brain Injury Services](#) for additional information.

Note (Oregon Only): Covered Health Care Services are limited to a maximum of ten (10) treatments per lifetime.

## 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

**Biofeedback:** Biofeedback therapy provides visual, auditory or other evidence of the status of certain body functions so that a person can use voluntary control over the functions, and thereby reduce an abnormal bodily condition. Biofeedback therapy often uses electrical devices to transform bodily signals indicative of such functions as heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone into a tone or light, the loudness or brightness of which shows the extent of activity in the function being measured.

**Dysfunctional Voiding Syndrome:** An abnormality in either the storage or emptying phase of micturition and is associated with urgency, frequency, incontinence, and UTIs.

## Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
09/01/2021	All	<ul style="list-style-type: none"><li>• Routine review; no change to benefit coverage guidelines</li><li>• Archived previous policy version BIP014.H</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.