



**Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.**

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## Biofeedback

**MP9163**

**Covered Service:** Yes

### **Prior Authorization**

**Required:** Yes

### **Additional Information:**

Biofeedback therapy is initially limited to 8 sessions and should include instructions for a home program. Requests for additional sessions require a letter of medical necessity detailing response to treatment, number of additional sessions requested and expectation of improvement with longer therapy.

### **WellFirst Health Medical Policy:**

- 1.0 Biofeedback therapy **requires** prior authorization through the Health Services Division and is considered medically necessary for **ANY** of the following indications:
  - 1.1 Tension or migraine headache when home training is a component of the treatment;
  - 1.2 Chronic constipation in adults members with dyssnergic-type constipation;
  - 1.3 Fecal Incontinence for members with **ALL** of the following:
    - 1.3.1 Some degree of rectal sensation; **AND**
    - 1.3.2 Ability to contract the sphincter voluntarily; **AND**
    - 1.3.3 Failure/intolerance/contraindication of treatment with dietary changes, devices or drugs
  - 1.4 Stress, urgency, mixed or overflow urinary incontinence when there is failure/intolerance/contraindication of other non-pharmacologic treatment
  - 1.5 Refractory levator ani syndrome (e.g. proctalgia fugax, chronic anal pain syndrome, anal spasm) with Dyssynergic defecation when:
    - 1.5.1 Condition is not neurological or disease-based
    - 1.5.2 Failure/intolerance/contraindication of conservative treatment
  - 1.6 Pediatric bladder dysfunction (dysfunctional voiding)

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- 2.0 Pelvic floor training **requires** prior authorization through the Health Services Division may be medically necessary when **one or more** of the following criteria are met:
  - 2.1 Chronic pelvic pain;
  - 2.2 Myofascial pelvic floor dysfunction;
  - 2.3 Member is pregnant;
  - 2.4 Diagnosis of stress, urge, overflow or mixed urinary incontinence if other causes of incontinence have been assessed and treated (e.g. urinary tract infection, vaginal atrophy);
  - 2.5 Pelvic organ prolapse;
  - 2.6 Urinary incontinence after recent radical prostatectomy;
- 3.0 Biofeedback is considered experimental and investigational, and therefore not medically necessary for **ANY** of the following:
  - 3.1 Overactive bladder syndrome

	<b>Committee/Source</b>	<b>Date(s)</b>
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