

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	BIOFEEDBACK AND NEUROFEEDBACK
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Details	<p>This policy addresses biofeedback for bladder rehabilitation, migraine headaches, and acquired brain injury.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. 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.</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p>None</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"><b>B. STATE MARKET PLAN ENHANCEMENTS</b></div> <p>None</p> <div style="border: 1px solid black; padding: 2px;"><b>C. COVERED BENEFITS</b></div> <p><b>IMPORTANT NOTE:</b> Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p><b>Note:</b> Neurofeedback (EEG biofeedback) should not be confused with electroencephalograms (EEGs) used for the diagnosis of neurological disorders.</p>

## **BIOFEEDBACK**

### **ALL STATES EXCEPT FLORIDA, KENTUCKY, SOUTH CAROLINA, UTAH AND WISCONSIN:**

Biofeedback therapy supervised by a physician or licensed practitioner is considered medically necessary for the following conditions:

- Cancer pain
- Chronic back pain as part of a rehabilitation program
- Chronic constipation
- Fecal incontinence
- Levator ani syndrome, also known as anorectal pain syndrome
- Migraine or tension headaches
- Urinary incontinence

### **MICHIGAN:**

Molina covers biofeedback for treatment of medical diagnoses when Medically/Clinically Necessary, as determined according to our medical policies (Benchmark)

### **MISSISSIPPI:**

Molina covers biofeedback under Residential Treatment Facility within the benchmark

### **NEW MEXICO:**

Biofeedback is only covered for treatment of Raynaud's disease or phenomenon and urinary or fecal incontinence (Under Chiro Benefit)

## **NEUROFEEDBACK**

### **CALIFORNIA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEW MEXICO, TEXAS, WASHINGTON:**

Neurofeedback, also known as electroencephalogram (EEG) biofeedback is covered when medical criteria are met.

### **D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

## **BIOFEEDBACK**

### **ALL STATES:**

Biofeedback services are **not covered** for conditions other than those listed in sections A, B and C. The use of home biofeedback therapy/devices for all conditions. The use of home biofeedback devices is considered investigational and not medically necessary.

**FLORIDA, KENTUCKY:**

Molina and Passport (KY) do not cover biofeedback (Benchmark exclusion)

**UTAH:**

Biofeedback is not a covered benefit (Benchmark exclusion)

**WISCONSIN:**

Molina does not cover biofeedback in general as a procedure and/or treatment (Benchmark exclusion)

**SOUTH CAROLINA:**

Molina does not cover Biofeedback

**NEUROFEEDBACK**
**FLORIDA, KENTUCKY, OHIO, SOUTH CAROLINA, UTAH AND WISCONSIN:**

Neurofeedback, a form of biofeedback, works to change the electrical activity of your brain. Molina and Passport (KY) do not cover neurofeedback. (Benchmark exclusion for Ohio)

**E. DEFINITIONS**

[See Glossary](#)

**F. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description

**Procedure Codes  
(Internal Use  
Only)**

**Coding Disclaimer:** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT<sup>®</sup>), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ul> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>			
Approval	Departments	Product	CIM	Clinical Management
	Date	10/12/2021		11/30/2021