

MP.123.MPC – Incontinence, Biofeedback

Maryland Physicians Care considers **Biofeedback for the treatment of Incontinence** medically necessary for the following indications:

A. Adult (members 18 years age and older) - Biofeedback for Urinary Incontinence and Fecal Incontinence/Constipation when all of the following criteria are met:

1. Treatment is billed by a practitioner according to their scope of practice for a diagnosis of urinary incontinence or fecal incontinence/constipation.
2. Potential treatable problems should be identified and treatment implemented prior to biofeedback therapy.
3. Coverage includes treatment of urinary stress and/or urge incontinence and fecal incontinence/constipation in cognitively intact members.
4. Member as failed a documented trial of four weeks of an ordered plan of pelvic muscle exercises (PME), designed to increase periurethral muscle strength.

B. Pediatric (members between five years of age and 18 years of age) – Biofeedback for Dysfunctional Elimination Syndrome:

Biofeedback for pediatric members must be prescribed by the urologist and performed by the practitioner according to their scope of practice for the treatment of any of the following conditions associated with bladder dysfunction:

1. Nocturnal enuresis
2. Staccato voiding
3. Bladder-sphincter dyssynergia
4. Recurrent urinary tract infections when all of the following criteria are met:
 - a. Physical limitations such as a kidney infection, diabetes, or defects in the urinary system have been ruled out.
 - b. Medications and other conservative measures to address this problem have not reduced or eliminated the issue.
 - c. Dysfunctional elimination (bedwetting) occurs nightly.

Limitations

A. Adult (members 18 years age and older) - Biofeedback for Urinary Incontinence and Fecal Incontinence/Constipation:

1. Home use of biofeedback therapy is not covered.
2. Biofeedback training in a group setting is not covered.
3. Biofeedback therapy is limited to up to six treatments per six months per condition.

Appropriate candidates for biofeedback training include:

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- Capable of participating in the treatment plan (physically as well as intellectually)
- Motivated to actively participate in the treatment plan, including being responsive to care requirements
- Have a condition that can be appropriately treated with biofeedback.

B. Pediatric (members between five years of age and 18 years of age) – Biofeedback for Dysfunctional Elimination Syndrome

Biofeedback therapy should not be a treatment for any of the following conditions/symptoms and will not be covered:

1. This is not a treatment option for children under five years of age.
2. Unusual straining during urination or a small or narrow stream of urine or dripping may be a sign of other physical problems.
3. Cloudy or pink urine, or bloodstains on underwear or night clothes.

Other limitations include:

- a. Treatment is limited to ten sessions per lifetime.
- b. No coverage provided for the electromyography (EMG) biofeedback device.
- c. Biofeedback therapy for encopresis or constipation in children is considered experimental and investigative.

Background

CMS defines fecal incontinence as the involuntary loss of stool (gas, liquid or solid). Fecal incontinence is caused by a disruption of the normal function of both the lower digestive tract and the nervous system. Fecal incontinence can be caused by several factors:

- Constipation
- Damage to the anal sphincter muscle (e.g., childbirth or hemorrhoid surgery)
- Damage to the nerves of the anal sphincter muscles of the rectum (e.g., childbirth, straining to pass stool, stroke, physical disability due to injury, diabetes or multiple sclerosis)
- Loss of the storage capacity in the rectum
- Diarrhea
- Pelvic floor dysfunction

CMS defines urinary incontinence as the involuntary leakage of urine. Male and females have different risk factors in developing urinary incontinence. The risk of urinary incontinence increases with age in both men and women, but women are more likely to develop urinary incontinence due to anatomical differences in the pelvic region and due to changes caused by pregnancy and childbirth. There are several types of urinary incontinence:

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- Stress incontinence
- Urge incontinence
- Overflow incontinence
- Mixed incontinence

Biofeedback training of the pelvic muscles uses an electronic or mechanical device to relay visual and/or auditory evidence of pelvic floor muscle activity in order to improve awareness and control of pelvic floor muscle contractions. Biofeedback may include measurement of muscle contraction through surface EMG, vaginal or rectal sensors, and/or rectal manometry devices. Such services when performed for biofeedback monitoring are part of the biofeedback service.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes

Code	Description
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CPT Codes {for Adult (members 18 years age and older) Biofeedback for Urinary Incontinence and Fecal Incontinence/ Constipation}:

90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including electromyography (EMG) and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
90901	Biofeedback Training by any modality

CPT codes NOT covered:

90875 & 90876	If psychophysiological therapy is performed incorporating biofeedback training, consult these CPT codes
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ICD-10 codes covered if selection criteria are met:

G83.4	Cauda equine syndrome
K59.00-K59.09	Constipation
K59.4	Anal spasm
N31.2	Flaccid neuropathic bladder, not elsewhere classified

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N31.9	Neuromuscular dysfunction of bladder
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Post-void dribbling
N36.44	Muscular disorders of urethra
G83.4	Cauda equine syndrome
N36.8	Other specified disorders of urethra
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.490	Overflow incontinence
R15.0-R15.9	Fecal incontinence
R33.0	Drug induced retention of urine
R33.8-R33.9	Retention of urine
R35.0	Frequency of micturition
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination
CPT Codes {for Pediatric (members between five years of age and 18 years of age) Biofeedback for Dysfunctional Elimination Syndrome}:	
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
ICD-10 codes covered if selection criteria are met:	
N13.70-N13.739	Vesicoureteral reflux
N32.81	Overactive bladder
N36.41-N36.44	Sphincter disorders/ deficiency
N39.0	Urinary tract infection, site not specified
N39.44	Nocturnal enuresis

References

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1. Bassotti G, Chistolini F., Sietchiping-Nzepa F, et al. Biofeedback for pelvic floor dysfunction in constipation. BMJ 2004 Feb; 328(7436): 393-396
<http://www.bmj.com/content/328/7436/393?view=long&pmid=14962877>
2. Centers for Medicare & Medicaid (CMS). Local Coverage Determination (LCD). L34977 - Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters. (Contractor: Novitas Solutions, Inc). Revision Effective Date: 05/16/2019. [Local Coverage Determination for Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters \(L34977\) \(cms.gov\)](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35486&ver=13&Date=&DocID=L35486&bc=iAAAABAAAAA&AAAAgAAAAAAA%3d%3d&)
3. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) No. L35486. Pelvic Floor Dysfunction: Anorectal Manometry and EMG. Effective 10/01/2015. Revision effective date: 09/01/2018.
[https://www.cms.gov/medicare-coverage-database/details/lcd-](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35486&ver=13&Date=&DocID=L35486&bc=iAAAABAAAAA&AAAAgAAAAAAA%3d%3d&)
[details.aspx?LCDId=35486&ver=13&Date=&DocID=L35486&bc=iAAAABAAAAA](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35486&ver=13&Date=&DocID=L35486&bc=iAAAABAAAAA&AAAAgAAAAAAA%3d%3d&)
[A&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35486&ver=13&Date=&DocID=L35486&bc=iAAAABAAAAA&AAAAgAAAAAAA%3d%3d&)
4. Centers for Medicare & Medicaid (CMS). National Coverage Determination (NCD) No. 30.1.1. Biofeedback Therapy for the Treatment of Urinary Incontinence. Effective Date: 07/01/2001. [http://www.cms.gov/medicare-](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=42&ncdver=1&DocID=30.1.1&SearchType=Advanced&bc=IAAAAAgAAAAAAA%3d%3d&)
[coverage-database/details/ncd-](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=42&ncdver=1&DocID=30.1.1&SearchType=Advanced&bc=IAAAAAgAAAAAAA%3d%3d&)
[details.aspx?NCDId=42&ncdver=1&DocID=30.1.1&SearchType=Advanced&bc=I](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=42&ncdver=1&DocID=30.1.1&SearchType=Advanced&bc=IAAAAAgAAAAAAA%3d%3d&)
[AAAAAgAAAAAAA%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=42&ncdver=1&DocID=30.1.1&SearchType=Advanced&bc=IAAAAAgAAAAAAA%3d%3d&)
5. Desantis DJ, Leonard MP, Preston MA, et al. Effective of biofeedback for dysfunctional elimination syndrome in pediatrics: a systemic review. J Pediatr Urology. 2011 Jun; 7(3): 342-348.
<http://www.ncbi.nlm.nih.gov/pubmed/21527216>
6. Hayes Technology Brief. Biofeedback for the Treatment of Dysfunction Voiding in Children. Annual Review March 10, 2011. Archived April 04, 2012.
7. Palmer LS, Biofeedback in the management of urinary continence in children. Curr Urology Rep. 2010 Mar; 11(2): 122-127.
<http://www.ncbi.nlm.nih.gov/pubmed/20425100>
8. Porena M., Constantini E., Rociola W, et al. Biofeedback successfully cures detrusor-sphincter dyssynergia in pediatric patients. J.Urol. 2000, June: 162(6); 1927-1931. <http://www.ncbi.nlm.nih.gov/pubmed/10799231>
9. Society of Urological Nurses and Associates. Continence Coalition Statement on Ethical Use of Biofeedback and Electrical Stimulation for the Treatment of Incontinence. Continence Coalition: June 2001. Approved by SUNA Board of Directors. October 2001. Reaffirmed June 2006.
<http://suna.inurse.com/sites/default/files/download/85-417.pdf>
10. Vande WJ, Rittig S, Bauer S, et al. Practical consensus guidelines for the management of enuresis. Eur J Pediatr. 2012 Jun; 171(6): 971-983.

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http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3357467/pdf/431_2012_Article_1687.pdf

11. Weatherall M. Biofeedback or pelvic floor muscle exercises for female genuine stress incontinence. a meta-analysis of trials identified in a systematic review. BJU Int 1999; 83(9): 1015-1016. <http://www.ncbi.nlm.nih.gov/pubmed/10368247>
12. Yagci S., Kibar Y, Akay O, et al. The effect of biofeedback in treatment on voiding and urodynamic parameters in children with voiding dysfunction. J Urol. 2005 November; 174(5):1994 -1998. <http://www.ncbi.nlm.nih.gov/pubmed/16217376>

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