

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 is considered medically necessary for the following conditions in cognitively intact members:

- Urinary Incontinence ⁽¹⁾
- Fecal incontinence ⁽²⁾
- Constipation, when the patient suffers from pelvic floor dyssynergia ⁽³⁾
- Treatment is billed by a practitioner according to their scope of practice for a diagnosis of urinary incontinence or fecal incontinence/constipation.
- Potential treatable problems should be identified, and treatment implemented prior to biofeedback therapy.
- Member has failed a documented trial 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 ⁽⁴⁾:

Biofeedback is considered medically necessary for cognitively intact pediatric members when prescribed by a urologist and performed in conjuncture with pelvic muscle/floor training to treat any of the following conditions associated with bladder dysfunction:

- Bladder-sphincter dyssnergia
- Recurrent urinary tract infections when all of the following criteria are met:
- Physical limitations such as a kidney infection, diabetes, or defects in the urinary system have been ruled out.
- Medications and other conservative measures to address this problem have not reduced or eliminated the issue.

Limitations

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

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

Appropriate candidates for biofeedback training include:

- 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

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B. Limitations in the Pediatric Population (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:

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

Other limitations include:

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

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes

Code	Description
CPT Codes {for Adult (members 18 years age and older) Biofeedback for Urinary Incontinence and Fecal Incontinence/ Constipation}:	
90901	Biofeedback Training by any modality
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)

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

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N31.2	Flaccid neuropathic bladder, not elsewhere classified
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}:	
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)
ICD-10 codes covered if selection criteria are met:	

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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

1. Kopańska M, Torices S, Czech J, Koziara W, Toborek M, Dobrek Ł. Urinary incontinence in women: biofeedback as an innovative treatment method. *Ther Adv Urol*. 2020;12. doi:10.1177/1756287220934359. <https://pubmed.ncbi.nlm.nih.gov/32647538/>
2. Bordeianou LG, Thorsen AJ, Keller DS, et al. The American Society of Colon and Rectal Surgeons' Clinical Practice Guidelines for the Management of Fecal Incontinence. *Dis Colon Rectum*. Published online February 14, 2023:647-661. doi:10.1097/DCR.0000000000002776. <https://mdanderson.elsevierpure.com/en/publications/the-american-society-of-colon-and-rectal-surgeons-clinical-practi-3>
3. Alavi K, Thorsen AJ, Fang SH, et al. The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Evaluation and Management of Chronic Constipation. *Dis Colon Rectum*. 2024;67(10):1244-1257. doi:10.1097/DCR.0000000000003430. <https://pubmed.ncbi.nlm.nih.gov/39250791/>
4. Nepple KG, Cooper CS. Management of bladder dysfunction in children. *UpToDate*. Published online January 22, 2024. <https://www.uptodate.com/contents/management-of-bladder-dysfunction-in-children>

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