



## MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

### Medical Policy

## Biofeedback as a Treatment of Urinary Incontinence

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### Policy Number: 173

BCBSA Reference Number: 2.01.27

NCD/LCD: National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1)

### Related Policies

- Pelvic Floor Stimulation as a Treatment of Urinary Incontinence, [#470](#)
- Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence, [#523](#)
- Periurethral Bulking Agents for the Treatment of Incontinence, [#471](#)
- Sacral Nerve Neuromodulation/Stimulation for Pelvic Floor Dysfunction, [#153](#)
- Posterior Tibial Nerve Stimulation for Voiding Dysfunction, [#583](#)

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Biofeedback in the outpatient setting as a treatment of urinary incontinence in adults is [INVESTIGATIONAL](#).

Unsupervised home use of biofeedback for treatment of urinary incontinence is [INVESTIGATIONAL](#).

#### Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

BCBSMA covers biofeedback therapy rendered by a practitioner in an office or other facility setting for the treatment of stress and/or urge urinary incontinence for patients who have failed a documented trial of pelvic muscle exercise (PME) training.

BCBSMA does not cover home use of biofeedback therapy service for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD.

**National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1)**

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=42&ncdver=1&bc=AgAAgAAAAAAA&>

**Prior Authorization Information**

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

**Outpatient**

<b>Commercial Managed Care (HMO and POS)</b>	This is not a covered service.
<b>Commercial PPO and Indemnity</b>	This is not a covered service.
<b>Medicare HMO Blue<sup>SM</sup></b>	No
<b>Medicare PPO Blue<sup>SM</sup></b>	No

**CPT Codes / HCPCS Codes / ICD Codes**

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

*The following codes are included below for informational purposes only; this is not an all-inclusive list.*

**According to the policy statement above, the following CPT codes are considered investigational for the conditions listed for Commercial Members: Managed Care (HMO and POS), and PPO, Indemnity:**

**CPT Codes**

<b>CPT codes:</b>	<b>Code Description</b>
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes
90901	Biofeedback training by any modality
90911	Biofeedback training, perineal muscles, anorectal, or urethral sphincter, including EMG and/or manometry

**Description**

Urinary incontinence (UI) is a common condition defined as an involuntary leakage of urine. The types of UI include stress, urge, overflow, functional and post-prostatectomy incontinence. Nonsurgical treatment options may include pharmacological treatment, pelvic muscle exercises (PME), bladder training exercises, electrical stimulation and neuromodulation.

Biofeedback, in conjunction with PME, has been proposed as a treatment modality for stress, urge, mixed and overflow urinary incontinence because it may enhance awareness of body functions and the learning of the pelvic floor exercises. Biofeedback is a technique intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control. The technique

involves the feedback of a variety of types of information not commonly available to the patient, followed by a concerted effort on the part of the patient to use this feedback to help alter the physiological process in some specific way.

There are several proposed methods of biofeedback which may be employed for the treatment of UI including vaginal cones or weights, perineometers and electromyographic (EMG) systems with vaginal and rectal sensors.

A variety of biofeedback devices are cleared for marketing through the Food and Drug Administration's (FDA) 510(k) process. The use of all biofeedback devices is considered investigational regardless of the commercial name, the manufacturer or FDA approval status except when used for the medically necessary indications that are consistent with the policy statement.

## Summary

There is insufficient evidence to determine the incremental effects of biofeedback on health outcomes in women with stress and/or urge incontinence and men with post-prostatectomy incontinence. Specifically, the value of adding biofeedback to a program of pelvic muscle exercises has not been demonstrated. Studies on combined electrical stimulation and biofeedback have shown mixed results but have not isolated the effect of biofeedback on outcomes. No published evidence supports the unsupervised home use of biofeedback for treatment of urinary incontinence. Thus, biofeedback for the treatment of urinary incontinence, whether as part of an outpatient program or unsupervised in the home, is considered investigational.

## Policy History

Date	Action
2/2017	New references added from BCBSA National medical policy.
11/2015	Clarified coding information.
8/2015	New references added from BCBSA National medical policy.
9/2014	New references added from BCBSA National medical policy.
5/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
10/2013	New references from BCBSA National medical policy.
5/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
9/2011	Reviewed - Medical Policy Group – Urology, Obstetrics and Gynecology. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
7/2010	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
6/2010	Reviewed - Medical Policy Group - Urology. No changes to policy statements.
3/1/2010	Medical Policy 173 effective 3/1/2010 describing covered and non-covered indications

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

## References

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