Medical Policy

Biofeedback as a Treatment of Urinary Incontinence in Adults

Table of Contents
• Policy: Commercial
• Coding Information
• Policy: Medicare
• Description
• Authorization Information
• Information Pertaining to All Policies
• Policy History
• References

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 BlueSM and Medicare PPO BlueSM 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.

Medical necessity criteria and coding guidance can be found through the link below.

National Coverage Determinations (NCDs)

National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1)
**Note:** To review the specific NCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

**Prior Authorization Information**

**Inpatient**
- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

**Outpatient**
- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare HMO Blue℠</td>
<td>Prior authorization is not required.</td>
</tr>
<tr>
<td>Medicare PPO Blue℠</td>
<td>Prior authorization is not required.</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90875</td>
<td>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</td>
</tr>
<tr>
<td>90876</td>
<td>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</td>
</tr>
<tr>
<td>90901</td>
<td>Biofeedback training by any modality</td>
</tr>
<tr>
<td>90912</td>
<td>Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient</td>
</tr>
<tr>
<td>90913</td>
<td>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)</td>
</tr>
</tbody>
</table>

**Description**

**Biofeedback**

Biofeedback is intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control. The technique involves feedback on 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 physiologic process in some specific way. Biofeedback has been proposed as a treatment for a variety of diseases and disorders, including anxiety, headaches, hypertension, movement disorders, incontinence, pain, asthma, Raynaud disease, and insomnia. Biofeedback training is done either in individual or group sessions and as a single therapy or in combination with other therapies designed to teach
relaxation. A typical program consists of 10 to 20 training sessions of 30 minutes each. Training sessions are performed in a quiet, nonarousing environment. Subjects are instructed to use mental techniques to affect the physiologic variable monitored, and feedback is provided for the successful alteration of the physiologic parameter. This feedback may be in the form of signals, such as lights or tone, verbal praise, or other auditory or visual stimuli.

Biofeedback, in conjunction with pelvic floor muscle training, is a possible treatment modality for stress, urge, mixed, and overflow urinary incontinence because it may enhance awareness of body functions and the learning of exercises to train pelvic muscles. Several proposed biofeedback methods that may be employed to treat urinary incontinence, including vaginal cones or weights, perineometers, and electromyographic systems with vaginal and rectal sensors.

The various forms of biofeedback mainly differ in the nature of the disease or disorder under treatment, the biologic variable that the subject attempts to control, and the information that is fed back to the subject. Biofeedback techniques include peripheral skin temperature feedback, blood-volume-pulse feedback (vasoconstriction and dilation), vasoconstriction training (temporalis artery), and electromyographic biofeedback; they may be used alone or in conjunction with other therapies (eg, relaxation, behavioral management, medication).

Summary
Biofeedback is a technique to teach patients self-regulation of physiologic processes not generally considered to be under voluntary control; a variety of approaches and devices are available. Biofeedback, in conjunction with pelvic floor muscle training (PFMT), is proposed as a treatment of urinary incontinence.

For individuals who have urinary incontinence (women) who receive biofeedback with PFMT, the evidence includes randomized controlled trials (RCTs) and systematic reviews. The relevant outcomes are symptoms, functional outcomes, and quality of life. A comparative effectiveness review did not find a statistically significant difference in continence rates when patients received PFMT with or without biofeedback. Other systematic reviews evaluating biofeedback and/or verbal feedback as part of treatment for urinary incontinence found improvement in some outcomes but not others. There is a lack of consistent evidence from well-designed trials that biofeedback effectively treats urinary incontinence. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have post-prostatectomy urinary incontinence or who are scheduled for radical prostatectomy who receive biofeedback with PFMT, the evidence includes RCTs and systematic reviews. The relevant outcomes are symptoms, functional outcomes, and quality of life. Several RCTs have compared PFMT with or without biofeedback in men undergoing radical prostatectomy, and in men with post-prostatectomy urinary incontinence. These trials had mixed findings but did not consistently report significantly improved outcomes when biofeedback was added to the intervention. The timing and delivery of the intervention were not well-defined. Additional well-designed trials are needed that demonstrate the superiority of biofeedback with PFMT over PFMT alone. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who will undergo radical prostatectomy, RCTs have evaluated the efficacy of biofeedback with PFMT compared with PFMT without biofeedback for prevention of prostatectomy-related urinary incontinence. These trials generally reported poor outcomes with biofeedback added to the intervention. The timing and delivery of the intervention were not well-defined.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2020</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>10/2019</td>
<td>BCBSA National medical policy review. Description, summary and references.</td>
</tr>
<tr>
<td>2/2017</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>11/2015</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>8/2015</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>9/2014</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>5/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.</td>
</tr>
<tr>
<td>10/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>11/2011-</td>
<td>Medical policy ICD 10 remediation: Formatting, editing and coding updates. No</td>
</tr>
<tr>
<td>4/2012</td>
<td>changes to policy statements.</td>
</tr>
<tr>
<td></td>
<td>changes to policy statements.</td>
</tr>
<tr>
<td>6/2011</td>
<td>Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and</td>
</tr>
<tr>
<td></td>
<td>Rheumatology. No changes to policy statements.</td>
</tr>
<tr>
<td>7/2010</td>
<td>Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and</td>
</tr>
<tr>
<td></td>
<td>Rheumatology. No changes to policy statements.</td>
</tr>
<tr>
<td></td>
<td>indications.</td>
</tr>
</tbody>
</table>

**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
- Medical Technology Assessment Guidelines

**References**


