



BIOFEEDBACK FOR URINARY INCONTINENCE

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Overview

Biofeedback for urinary incontinence is not a treatment. Biofeedback is a tool to help patients learn how to perform pelvic muscle exercises (Kegel exercises). The patient must be motivated to actively participate in training sessions and follow through by practicing at home in-between sessions. The goal of biofeedback-assisted pelvic muscle exercise is the facilitation of voluntary control over the process of urination.

Biofeedback-assisted pelvic muscle exercises incorporate the use of an electronic or mechanical device to relay visual and/or auditory evidence of pelvic floor muscle tone to the patient. This alerting or cueing assists the patient's efforts to effectively perform pelvic muscle exercises.

Both males and females can use the voluntary muscle of the pelvic floor to control urination. In females this muscle may be damaged, particularly by pregnancy, leading to weakness of the sphincter mechanism, and stress incontinence.

Definitions

Biofeedback – biofeedback therapy provides visual, auditory or other evidence of the status of certain body functions so that a person can exert voluntary control over the functions, and thereby alleviate an abnormal bodily condition. Biofeedback therapy often uses electrical or mechanical devices to transform bodily signals indicative of such functions as heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone into a tone or light, the loudness or brightness of which shows the extent of activity in the function being measured.

Sphincter – a structure (usually a circular muscle) that normally maintains constriction of a natural body passage or orifice and which relaxes as required by normal physiological functioning. There are over 40 different sphincters in the human body. The urethral sphincter is a collective name for the muscles used to control the flow of urine (from the urinary bladder. These muscles envelop the urethra, so that when they contract, the urethra is sealed shut.

Policy

Commercial plans

FCHP does not cover biofeedback or biofeedback devices for commercial plan members. Biofeedback and biofeedback devices are specifically excluded in the Evidence of Coverage/Member handbook.



Fallon Senior Plan™

Biofeedback for urinary incontinence requires preauthorization by FCHP.

Biofeedback for urinary incontinence is covered for Fallon Senior Plan™ members when all of the following criteria are met:

1. The plan member has stress and/or urge incontinence:
 - a. Stress incontinence refers to involuntary loss of urine due to inadequate urethral pressure. The patient experiences loss of urine during coughing, sneezing or physical exertion.
 - b. Urge incontinence refers to the involuntary loss of urine due to abnormal bladder contractions. Urge incontinence is often associated with a sudden, strong need to urinate.
2. The plan member is cognitively intact.
3. The plan member has failed a trial of pelvic muscle exercise defined as no clinically significant improvement in urinary incontinence after completing four weeks of an ordered plan of pelvic muscle exercises to increase periurethral muscle strength.

Biofeedback therapy requires direct supervision by a qualified health care professional, such as a physician or physical therapist. No more than three to four visits are generally necessary for biofeedback training.

Exclusions

1. Electromyography (EMG), biofeedback device (E0746) is not covered.

Codes

Separate billing for concurrently applied modalities and or procedures during biofeedback training is not appropriate. CPT codes 51784 (Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique), and 97530 (Therapeutic activities, direct one-to-one patient contact by provider) are bundled into CPT code 90911. CPT code 51784 includes the cost of electrodes; electrodes are not reimbursed separately.

Codes	Number	Description
CPT	90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry

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Products to Which This Policy Applies

- ⊕ FCHP Direct & Select Care
- ⊕ Fallon Preferred Care (PPO)
- ⊕ Major Medical
- ⊕ MassHealth
- ⊕ Companion Care
- ⊕ Commonwealth Care
- ⊕ Fallon Senior Plan™



References

1. Holroyd-Leduc JM, Straus SE. Management of urinary incontinence in women: scientific review. JAMA. 2004; 291(8):986-995.
2. Centers for Medicare & Medicaid Services. Medicare Coverage Database. NCD for Biofeedback therapy for the Treatment of Urinary Incontinence (30.1.1).

Committee review dates:

Technology Assessment Subcommittee: 09/02/2004, 01/26/2009

Technology Assessment Committee: 12/7/2004, 06/10/2009

IMPORTANT NOTE:

Not all services are covered for all products or employer groups. This medical policy expresses FCHP's determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. FCHP has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. Members and their providers need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and the plan of benefits, the provisions of the benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this medical policy.