BOSTON MEDICAL CENTER HEALTHNet PLAN

bmchp.org | 888-566-0008

WELL SENSE HEALTH PLAN

wellsense.org | 877-957-1300

Medical Policy

Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation

Policy Number: OCA 3.969
Version Number: 17
Version Effective Date: 01/01/22

Product Applicability	☒ **All Plan+ Products**
WellSense Health Plan	**Boston Medical Center HealthNet Plan**
☒ NH Medicaid	☒ MassHealth
☒ NH Medicare Advantage	☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct
	☒ Senior Care Options

+ Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan considers biofeedback for the treatment of urinary incontinence (stress, urgency, mixed, or overflow urinary incontinence), fecal incontinence, and/or dyssynergia-type constipation to be **medically necessary** when criteria are met. Biofeedback is experimental and investigational or NOT medically necessary for all other indications, including but not limited to the treatment of another voiding dysfunction and/or defecatory dysfunction (e.g., idiopathic constipation, total incontinence). Plan prior authorization is required. **An additional Plan prior authorization is NOT required for biofeedback provided in an inpatient setting when the inpatient admission has been authorized by the Plan.**

Clinical Criteria

Biofeedback is considered medically necessary for the treatment of urinary incontinence (stress, urgency, mixed, or overflow urinary incontinence), fecal incontinence, and/or dyssynergia-type constipation for a Plan member (regardless of gender) when provided in the outpatient setting when ALL of the following criteria are met and documented in the member's medical record (including

documentation of urodynamic test results, if performed and applicable), as specified below in items 1 through 4:

1. The member has failed a documented trial of four (4) weeks of pelvic muscle exercise (PME) training with no significant improvement in symptoms; AND

2. The member is cognitively intact; AND

3. ONE (1) of the following criteria is met for the Plan member, as specified below in items a through c:

    a. The member is six (6) years of age or older on the date of service with stress, urgency, mixed, or overflow urinary incontinence; OR

    b. The member is six (6) years of age or older on the date of service with fecal incontinence when the member has some degree of rectal sensation and the ability to contract the sphincter voluntarily; OR

    c. The member is 18 years of age or older on the date of service with chronic dyssynergic-type constipation and failed three (3) months of conventional treatment that includes the use of laxatives, dietary changes (e.g., high-fiber diet), and attempting defecation after meals; AND

4. Biofeedback training will be used to manage the member's symptom(s) for **up to four (4) sessions**.

Limitations and Exclusions

1. The Plan considers the use of biofeedback to be experimental or investigational or NOT medically when criteria in the Clinical Criteria section are NOT met due to limited evidence documenting the clinical utility and clinical validity of the treatment for other indications.

2. Home use of biofeedback therapy is considered experimental or investigational or NOT medically necessary due to limited evidence documenting the clinical utility and clinical validity of the treatment in a home setting.

Variations

The Plan uses guidance from the Centers for Medicare & Medicaid Services (CMS) for medical necessity and coverage determinations for Senior Care Options (SCO) members and WellSense Medicare Advantage HMO members, including but not limited to national coverage determinations (NCDs), local coverage determinations (LCDs), local coverage articles (LCAs), and documentation included in Medicare manuals. At the time of the Plan's most recent policy review, CMS NCD 30.1.1 includes medically necessary indications for biofeedback therapy rendered by a practitioner in an office or other facility setting for the treatment of urinary incontinence. Home use of biofeedback therapy is not

covered by CMS. No guideline was found related to the treatment of a defecatory dysfunction (e.g., idiopathic constipation, fecal incontinence, dyssynergic defecation). Verify CMS guidelines in effect on the date of the prior authorization request. When there is no guidance from CMS for the requested service, Plan-adopted clinical review criteria will be used to determine the medical necessity of the service.

Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United Stated by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Clinical Criteria and Limitations and Exclusions sections of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in this Applicable Coding section. Review the Plan's reimbursement policies for Plan billing guidelines. Coverage for services is subject to benefit eligibility under the member's benefit plan in effect at the time of the service. Member benefit documents are available at the following websites: www.bmchp.org for BMC HealthNet Plan members, www.SeniorsGetMore.org for Senior Care Options members, www.wellsense.org for WellSense New Hampshire Medicaid members, and www.WellSense.org/Medicare for WellSense Medicare Advantage HMO members.

CPT Codes	**Description: Codes Covered When Medically Necessary**
90901	Biofeedback training by any modality
90912	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
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)
HCPCS Code	**Description: Code Covered When Medically Necessary**
E0746	Electromyography (EMG), biofeedback device

References

Abrams P, Andersson KE, Birder L, Brubaker L, Cardozo L, Chapple C, Cottenden A, Davila W, de Ridder D, Dmochowski R, Drake M, Dubeau C, Fry C, Hanno P, Smith JH, Herschorn S, Hosker G, Kelleher C, Koelbl H, Khoury S, Madoff R, Milsom I, Moore K, Newman D, Nitti V, Norton C, Nygaard I, Payne C, Smith A, Staskin D, Tekgul S, Thuroff J, Tubaro A, Vodusek D, Wein A, Wyndaele JJ; Members of Committees; Fourth International Consultation on Incontinence. Fourth international consultation on incontinence recommendations of the International Scientific Committee: Evaluation and treatment of urinary incontinence, pelvic organ prolapse, and fecal incontinence. Neurourol Urodyn. 2010;29(1):213-40. doi: 10.1002/nau.20870. PMID: 20025020.

American College of Gastroenterology (ACG). Guidelines. Accessed at: https://gi.org/guidelines/

The American College of Obstetricians and Gynecologists (ACOG). Clinical Guidance. Accessed at: https://www.acog.org/en/Clinical

The American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin No. 155. Urinary Incontinence in Women. 2015. Reaffirmed 2018. Obstet Gynecol. 2015 Nov;126(5):e66-81. doi: 10.1097/AOG.0000000000001148. PMID: 26488524.

The American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin No. 210. Fecal Incontinence. Obstet Gynecol. 2019 Apr;133(4):837-839. doi: 10.1097/AOG.0000000000003188. PMID: 30913191.

The American College of Obstetricians and Gynecologists (ACOG), American Urogynecologic Society (AUGS). ACOG Committee on Gynecologic Practice. Evaluation of Uncomplicated Stress Urinary Incontinence in Women Before Surgical Treatment. Committee Opinion Number 603. 2014 Jun. Reaffirmed 2017. Accessed at: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/06/evaluation-of-uncomplicated-stress-urinary-incontinence-in-women-before-surgical-treatment

The American College of Obstetricians and Gynecologists (ACOG). Urinary Incontinence. Patient Resources. Accessed at: https://www.acog.org/patient-resources/faqs/gynecologic-problems/urinary-incontinence

American College of Physicians (ACP). Clinical Guidelines & Recommendations. Accessed at: https://www.acponline.org/clinical-information/guidelines

American College of Physicians (ACP). Qaseem A, Dallas P, Forciea MA, Starkey M, Denberg TD, Shekelle P. Clinical Guidelines Committee of the ACP. Nonsurgical management of urinary incontinence in women: a clinical practice guideline from the ACP. Ann Intern Med. 2014 Sep 16;161(6):429-40. doi: 10.7326/M13-2410. PMID: 25222388

American Gastroenterological Association (AGA). Bharucha AE, Pemberton JH, Locke GR. American Gastroenterological Association technical review on constipation. Gastroenterology. 2013 Jan;144(1):218-38. doi: 10.1053/j.gastro.2012.10.028. PMID: 23261065.

American Gastroenterological Association (AGA). Clinical Guidelines. Accessed at: https://www.gastro.org/guidelines

American Neurogastroenterology and Motility Society (ANMS), European Society of Neurogastroenterology and Motility (ESNM). Rao SS, Benninga MA, Bharucha AE, Chiarioni G, Di Lorenzo C, Whitehead WE. ANMS-ESNM position paper and consensus guidelines on biofeedback therapy for anorectal disorders. Neurogastroenterol Motil. 2015 May;27(5):594-609. doi: 10.1111/nmo.12520. Epub 2015 Apr 1. PMID: 25828100.

American Society of Colon and Rectal Surgeons (ASCRS). Paquette IM, Varma MG, Kaiser AM, Steele SR, Rafferty JF. The ASCRS' Clinical Practice Guideline for the Treatment of Fecal Incontinence. Dis Colon Rectum. 2015 Jul;58(7):623-36. doi: 10.1097/DCR.0000000000000397. PMID: 26200676.

American Society of Colon and Rectal Surgeons (ASCRS). Paquette IM, Varma M, Ternent C, Melton-Meaux G, Rafferty J, Feingold D, Steele SR. The ASCRS' Clinical Practice Guideline for the Evaluation and Management of Constipation. Dis Colon Rectum 2016; 59: 479–92. doi: 10.1097/DCR.0000000000000599. PMID: 27145304.

American Urogynecologic Society (AUGS). Clinical Guidance Documents. Accessed at: https://www.augs.org/clinical-practice/guidelines/

American Urological Association (AUA). Guidelines & Policies. Accessed at: https://www.auanet.org/guidelines

American Urological Association (AUA) and Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU). Lightner DJ, Gomelsky A, Souter L, Vasavada SP. Diagnosis and Treatment of Overactive Bladder (Non-Neurogenic) in Adults: AUA/SUFU Guideline Amendment 2019. J Urol. 2019 Sep;202(3):558-63. doi: 10.1097/JU.0000000000000309. Epub 2019 Aug 8. PMID: 31039103.

Anderson CA, Omar MI, Campbell SE, Hunter KF, Cody JD, Glazener CM. Conservative management for postprostatectomy urinary incontinence. Cochrane Database Syst Rev. 2015 Jan 20;1:CD001843. doi: 10.1002/14651858.CD001843.pub5. PMID: 25602133.

Canadian Urological Association (CUA). Bettez M, Tu LM, Carlson K, Corcos J, Gajewski J, Jolivet M, Bailly G. 2012 Update: Guidelines for Adult Urinary Incontinence Collaborative Consensus Document for the CUA. Can Urol Assoc J. 2012 Oct;6(5):354–63. doi: 10.5489/cuaj.12248. PMID: 23093627.

Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) Posterior Tibial Nerve Stimulation for Voiding Dysfunction L33396. National Government Services, Inc. 2015 Oct 1. Revision Effective Date 2019 Oct 24.

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual. Accessed at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-03. Medicare National Coverage Determinations (NCD) Manual. Accessed at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS014961

Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database (MCD). Accessed at: https://www.cms.gov/medicare-coverage-database/search.aspx

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1). Effective 2001 Jul 1.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Bladder Stimulators (Pacemakers) 230.16. 1996 Oct 7.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Incontinence Control Devices 230.10. 1996 Oct 7.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Non-Implantable Pelvic Floor Electrical Stimulator 230.8. Effective 2006 Jun 19.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Sacral Nerve Stimulation for Urinary Incontinence 230.18. Effective 2002 Jan 1.

Centers for Medicare & Medicaid Services (CMS). Transmittals. Accessed at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals

Chughtai B, Lee R, Sandhu J, Te A, Kaplan S. Conservative treatment for postprostatectomy incontinence. Rev Urol. 2013;15(2):61–6. PMID: 24082844.

Commonwealth of Massachusetts. Division of Insurance (DOI) Bulletins. Accessed at: https://www.mass.gov/lists/doi-bulletins

Commonwealth of Massachusetts. MassHealth Provider Bulletins. Accessed at: https://www.mass.gov/masshealth-provider-bulletins

Commonwealth of Massachusetts. MassHealth Provider Manuals. Accessed at: https://www.mass.gov/lists/masshealth-provider-manuals

Commonwealth of Massachusetts. MassHealth Transmittal Letters. Accessed at: https://www.mass.gov/masshealth-transmittal-letters

Dumoulin C, Hay-Smith EJC, Mac Habée-Séguin G. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. Cochrane Database Syst Rev. 2014 May 14;(5):CD005654. doi: 10.1002/14651858.CD005654.pub3. PMID: 24823491.

European Association of Urology (EAU). Blok B, Castro-Diaz D, Del Popolo G, Groen J, Hamid R, Karsenty G, Kessler TM, Pannek J, Ecclestone H, Musco S, Padilla-Fernández B, Sartori A, 't Hoen LA. Guidelines. Neuro-Urology. Accessed at: https://uroweb.org/guideline/neuro-urology/

European Association of Urology (EAU). Burkland FC, Bosch JLHR, Cruz F, Lemack GE, Nambiar AK, Thiruchelvam N, Tubaro A, Ambühl D, Bedretdinova DA, Farag F, Lombardo R, Schneider MP. Guidelines. Urinary Incontinence. Accessed at: https://uroweb.org/guideline/urinary-incontinence/

European Association of Urology (EAU). Burkhard FC, Lucas MG, Berghmans LC, Bosch JLHR, Cruz F, Lemack GE, Nambiar AK, Nilsson CG, Pickard R, Tubaro A. EAU Guidelines on Urinary Incontinence in Adults. 2016. Accessed at: https://uroweb.org/guideline/urinary-incontinence/

European Association of Urology (EAU). Nambiar AK, Bosch R, Cruz F, Lemack GE, Thiruchelvam N, Tubaro A, Bedretdinova DA, Ambühl D, Farag F, Lombardo R, Schneider MP, Burkhard FC. EAU Guidelines on Assessment and Nonsurgical Management of Urinary Incontinence. Eur Urol. 2018 Apr;73(4):596-609. doi: 10.1016/j.eururo.2017.12.031. Epub 2018 Feb 3. PMID: 29398262.

European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN), North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN). Tabbers MM, DiLorenzo C, Berger MY, Faure BC, Langendam MW, Nurko S, Staiano A, Vandenplas Y, Benninga MA. Clinical Guideline. Evaluation and Treatment of Functional Constipation in Infants and Children: Evidence-Based Recommendations from ESPGHAN and NASPGHAN. JPGN. 2014 Feb;58(2):258-74. DOI: 10.1097/MPG.0000000000000266.

Faiena I, Patel N, Parihar JS, Calabrese M, Tunuguntla H. Conservative Management of Urinary Incontinence in Women. Rev Urol. 2015;17(3):129–39. PMID: 26543427.

Fernández-Cuadros ME, Nieto-Blasco J, Geanini-Yagüez A, Ciprián-Nieto D, Padilla-Fernández B, Lorenzo-Gómez MF. Male Urinary Incontinence: Associated Risk Factors and Electromyography Biofeedback Results in Quality of Life. Am J Mens Health. 2016 Nov;10(6):NP127-NP135. Epub 2015 Jun 30. doi: 10.1177/1557988315590653. PMID: 26130728.

Forootan M, Bagheri N, Darvishi M. Chronic constipation: A review of literature. Medicine (Baltimore). 2018 May;97(20):e10631. doi: 10.1097/MD.0000000000010631. PMID: 29768326.

Fritel X, Fauconnier A, Bader G, Cosson M, Debodinance P, Deffieux X, Denys P, Dompeyre P, Faltin D, Fatton B, Haab F, Hermieux JF, Kerdraon J, Mares P, Mellier G, Michel-Laaengh N, Nadeau C, Robain G, de Tayrac R, Jacquetin B; French College of Gynecologists and Obstetricians. Diagnosis and management of adult female stress urinary incontinence: guidelines for clinical practice from the French College of Gynecologists and Obstetricians. Eur J Obstet Gynecol Reprod Biol. 2010 Jul;151(1):14-9. doi: 10.1016/j.ejogrb.2010.02.041. Epub 2010 Mar 16. PMID: 20236751.

Ghaderi F, Oskouei AE. Physiotherapy for women with stress urinary incontinence: a review article. J Phys Ther Sci. 2014 Sep;26(9):1493–9. doi: 10.1589/jpts.26.1493. Epub 2014 Sep 17. PMID: 25276044.

Goode PS, Burgio KL, Johnson TM 2nd, Clay OJ, Roth DL, Markland AD, Burkhardt JH, Issa MM, Lloyd LK. Behavioral therapy with or without biofeedback and pelvic floor electrical stimulation for persistent postprostatectomy incontinence: a randomized controlled trial. JAMA. 2011 Jan 12;305(2):151-9. doi: 10.1001/jama.2010.1972. PMID: 21224456.

Ibrahim IK, Hameed MMA, Taher EM, Shaheen EM, Elsawy MSAG. Efficacy of biofeedback-assisted pelvic floor muscle training in females with pelvic floor dysfunction. Alexandria Journal of Medicine. 2015 Jun;51(2):137-42. doi: 10.1016/j.ajme.2014.06.001. Accessed at: https://www.ajol.info/index.php/bafm/article/view/118351

International Foundation for Gastrointestinal Disorders. Dyssynergic Defecation: Treatment. Accessed at: https://iffgd.org/gi-disorders/dyssynergic-defecation/treatment-2/

International Urogynecological Association (IUGA), International Continence Society (ICS). Haylen BT, de Ridder D, Freeman RM, Swift SE, Berghmans B, Lee J, Monga A, Petri E, Rizk DE, Sand PK, Schaer GN. An IUGA/ICS joint report on the terminology for female pelvic floor dysfunction. Int Urogynecol J. 2010 Jan;21(1):5-26. doi: 10.1007/s00192-009-0976-9. Epub 2009 Nov 25. PMID: 19937315.

Jodorkovsky D, Dunbar KB, Gearhart SL, Stein EM, Clarke JO. Biofeedback therapy for defacatory dysfunction: “real life” experience. J Clin Gastroenterol. 2013 Mar;47(3):252-5. doi: 10.1097/MCG.0b013e318266f43a. PMID: 23328298.

Lee BH, Kim N, Kang SB, Kim SY, Lee KH, Im BY, Jee JH, Oh JC, Park YS, Lee DH. The Long-term Clinical Efficacy of Biofeedback Therapy for Patients with Constipation or Fecal Incontinence. J Neurogastroenterol Motil. 2010 Apr;16(2):177-85. doi: 10.5056/jnm.2010.16.2.177. Epub 2010 Apr 27. PMID: 20535349.

Lee HJ, Boo SJ, Jung KW, Han S, Seo SY, Koo HS, Yoon IJ, Park SH, Yang DH, Kim KJ, Ye BD, Byeon JS, Yang SK, Kim JH, Myung SJ. Long-term efficacy of biofeedback therapy in patients with dyssynergic defecation: results of a median 44 months follow-up. Neurogastroenterol Motil. 2015 Jun;27(6):787-95. doi: 10.1111/nmo.12552. Epub 2015 Mar 25. PMID: 25807997.

Markland AD, Jelovsek JE, Whitehead WE, Newman DK, Andy UU, Dyer K, Harm-Ernandes I, Cichowski S, McCormick J, Rardin C, Sutkin G, Shaffer A, Meikle S; Pelvic Floor Disorders Network. Improving biofeedback for the treatment of fecal incontinence in women: implementation of a standardized multi-site manometric biofeedback protocol. Neurogastroenterol Motil. 2017 Jan;29(1). doi: 10.1111/nmo.12906. Epub 2016 Jul 24. PMID: 27453154.

Maternik M, Krzeminska K, Zurowska A. The management of childhood urinary incontinence. Pediatr Nephrol. 2015 Jan;30(1):41-50. doi: 10.1007/s00467-014-2791-x. Epub 2014 Mar 11. PMID: 24615564.

Mazor Y, Kellow JE, Prott GM, Jones MP, Malcolm A. Anorectal biofeedback: an effective therapy, but can we shorten the course to improve access to treatment? Therap Adv Gastroenterol. 2019 Mar 19;12:1756284819836072. doi: 10.1177/1756284819836072. eCollection 2019. PMID: 30915166.

Micussi MT. The biofeedback therapy in patients with stress incontinence urinary. Nephrourol Mon. 2012 Summer;4(3):591-2. doi: 10.5812/numonthly.4153. Epub 2012 Jun 20. PMID: 23573494.

Morin F, Akhavizadegan H, Kavanagh A, Moore K. Dysfunctional voiding: Challenges of disease transition from childhood to adulthood. Can Urol Assoc J. 2018 Apr;12(4 Suppl 1):S42-S47. doi: 10.5489/cuaj.5230. PMID: 29681274.

Murad-Regadas SM, Regadas FS, Regadas Filho FSP, Mendonça Filho JJ, Andrade Filho RS, Vilarinho ADS. Predictors of unsuccessful of treatment for fecal incontinence biofeedback for fecal incontinence in female. Arq Gastroenterol. 2019 May 20;56(1):61-65. doi: 10.1590/S0004-2803.201900000-17.

National Institute for Health and Care Excellence (NICE). Constipation in children and young people: diagnosis and management. Clinical Guideline CG99. 2010 May 26. Last Updated 2017 Jul 13. Accessed at: https://www.nice.org.uk/guidance/cg99

National Institute for Health and Care Excellence (NICE). Faecal incontinence in adults: management. Clinical Guideline CG49. 2007 Jun 27. Accessed at: https://www.nice.org.uk/guidance/cg49

National Institute for Health and Care Excellence (NICE). Irritable bowel syndrome in adults: diagnosis and management. Clinical Guideline CG61. 2008 Feb 23. Last Updated 2017 Apr 4. Accessed at: https://www.nice.org.uk/guidance/cg61

National Institute for Health and Care Excellence (NICE). Lower urinary tract symptoms in men: management. Clinical Guideline CG97. 2010 May 23. Last Updated 2015 Jun 3. Accessed at: https://www.nice.org.uk/guidance/cg97

National Institute for Health and Care Excellence (NICE). Urinary incontinence in neurological disease: assessment and management. Clinical Guideline CG148. 2012 Aug 8. Accessed at: https://www.nice.org.uk/guidance/cg148

National Institute for Health and Care Excellence (NICE). Urinary incontinence and pelvic organ prolapse in women: management. NICE Guideline NG123. 2019 Apr 2. Last Updated 2019 Jun 24. Accessed at: https://www.nice.org.uk/guidance/ng123

Nepple KG, Cooper CS. Management of bladder dysfunction in children. UpToDate. 2021 Jun 22. Accessed at: https://www.uptodate.com/contents/management-of-bladder-dysfunction-in-children

New Hampshire Department of Health and Human Services. Billing Manuals. Accessed at: https://nhmmis.nh.gov/portals/wps/portal/BillingManuals

New Hampshire Department of Health and Human Services. Provider Notices. Accessed at: https://www.dhhs.nh.gov/ombp/pharmacy/notices.htm

Nunes EFC, Sampaio LMM, Biasotto-Gonzalez DA, Nagano RCDR, Lucareli PRG, Politti F. Biofeedback for pelvic floor muscle training in women with stress urinary incontinence: a systematic review with meta-analysis. Physiotherapy. 2019 Mar;105(1):10-23. doi: 10.1016/j.physio.2018.07.012. Epub 2018 Sep 24. PMID: 30686479.

Parker CH, Henry S, Liu LWC. Efficacy of Biofeedback Therapy in Clinical Practice for the Management of Chronic Constipation and Fecal Incontinence. J Can Assoc Gastroenterol. 2019 Aug;2(3):126-131. doi: 10.1093/jcag/gwy036. Epub 2018 Jul 14. PMID: 31294375.

Rao SS, Bharucha AE, Chiarioni G, Felt-Bersma R, Knowles C, Malcolm A, Wald A. Functional Anorectal Disorders. Gastroenterology. 2016 Mar 25. pii: S0016-5085(16)00175-X. doi: 10.1053/j.gastro.2016.02.009. PMID: 27144630.

Rao SS, Patcharatrakul T. Diagnosis and Treatment of Dyssynergic Defecation. J Neurogastroenterol Motil. 2016 Jul 30;22(3):423-35. doi: 10.5056/jnm16060. PMID: 27270989.

Rao SS, Valestin J, Brown CK, Zimmerman B, Schulze K. Long-term efficacy of biofeedback therapy for dyssynergic defecation: randomized controlled trial. Am J Gastroenterol. 2010 Apr;105(4):890-6. doi: 10.1038/ajg.2010.53. Epub 2010 Feb 23. PMID: 20179692.

Resnick NM, Perera S, Tadic S, Organist L, Riley MA, Shaefer W, Griffiths D. What predicts and what mediates the response of urge urinary incontinence to biofeedback? Neurourol Urodyn. 2013 Jun;32(5):408-15. doi: 10.1002/nau.22347. Epub 2012 Nov 20. PMID: 23168606.

Santos JD, Lopes RI, Koyle MA. Bladder and bowel dysfunction in children: An update on the diagnosis and treatment of a common, but underdiagnosed pediatric problem. Can Urol Assoc J. 2017 Jan-Feb;11(1-2Suppl1):S64-S72. doi: 10.5489/cuaj.4411. PMID: 28265323.

Schmulson MJ, Drossman DA. What Is New in Rome IV. J Neurogastroenterol Motil. 2017 Apr 30;23(2):151-163. doi: 10.5056/jnm16214. PMID: 28274109.

Wald A. Diagnosis and Management of Fecal Incontinence. Curr Gastroenterol Rep. 2018 Mar 26;20(3):9. doi: 10.1007/s11894-018-0614-0. PMID: 29582182.

Wald A. Poor quality evidence to support the use of biofeedback for the treatment of functional constipation in adults. Evid Based Nurs. 2015 Apr;18(2):55. doi: 10.1136/eb-2014-101875. Epub 2014 Aug 5. PMID: 25097235.

Wang JY, Abbas MA. Current management of fecal incontinence. Perm J. 2013 Summer;17(3):65-73. doi: 10.7812/TPP/12-064. PMID: 24355892.

Woodward S, Norton C, Chiarelli P. Biofeedback for treatment of chronic idiopathic constipation in adults. Cochrane Database Syst Rev. 2014 Mar 26;(3):CD008486. doi: 10.1002/14651858.CD008486.pub2. PMID: 24668156.

Policy History

Original Approval Date	Original Effective Date* and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A Internal Approval: 09/09/08: Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) 09/30/08: Utilization Management Committee (UMC) 10/22/08: Quality Improvement Committee (QIC)	01/01/09 Version 1	Medical Policy Manager as Chair of MPCTAC	MPCTAC, QIC, and UMC

*Effective Date for the BMC HealthNet Plan Commercial Product: 01/01/12
*Effective Date for the WellSense New Hampshire Medicaid Product: 01/01/13
*Effective Date for the Senior Care Options Product: 01/01/16
*Effective Date for the WellSense Medicare Advantage HMO Product: 01/01/22

Policy title was *Biofeedback for Urinary Incontinence, Outpatient* from 01/01/09 to 01/31/17.
Policy title changed to *Biofeedback for Incontinence, Outpatient* from 02/01/17 to 10/31/17.
Policy title was *Biofeedback in an Outpatient Setting to Treat Bladder and/or Bowel Dysfunction (Including Incontinence)* from 11/01/17 to 11/30/19.

As of 12/01/19, the policy title is *Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation*.

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date and Version Number**	**Approved by**
09/22/09	Updated coding (removed CPT 90875 and 90876 from this policy), no changes to clinical criteria.	Version 2	09/22/09: MPCTAC 10/28/09: QIC
10/01/10	No changes to criteria, updated references, codes and template.	Version 3	10/20/10: MPCTAC 11/22/10: QIC
10/01/11	No criteria changes, updated references, and added commercial language.	Version 4	10/19/11: MPCTAC 11/29/11: QIC
07/01/12	Off cycle review for Well Sense Health Plan, revised Summary statement, reformatted Clinical Guideline Statement, deleted diagnosis codes from code list, deleted Massachusetts contract references.	Version 5	08/03/12: MPCTAC 09/05/12: QIC
12/01/12	Updated Summary and Description of Item or Service sections, referenced Plan's *Experimental and Investigational Treatment* and *Medically Necessary* policies, updated applicable code list and deleted diagnosis codes, revised language in Applicable Coding section, updated references. Added limitations related to home use. Revised title to specify an outpatient setting for the service. Changed name of policy category from "Clinical Coverage Guidelines" to "Medical Policy."	Version 6	12/10/12: MPCTAC 01/31/13: QIC
12/01/13	Review for effective date 02/01/14. Updated Description of Service and References. Revised first paragraph in Medical Policy Statement section without changing criteria. Added definition for urodynamic testing.	02/01/14 Version 7	12/18/13: MPCTAC 01/21/14: QIC
12/01/14	Review for effective date 02/01/15. Updated references.	02/01/15 Version 8	12/17/14: MPCTAC 01/14/15: QIC
10/01/15	Review for effective date 12/01/15. Updated list of applicable products and corresponding notes. Updated References and Definitions sections.	12/01/15 Version 9	10/21/15: MPCTAC 11/11/15: QIC
11/25/15	Review for effective date 01/01/16.	01/01/16	11/25/15: MPCTAC

Policy Revisions History			
	Revised language in the Applicable Coding section.	Version 10	(electronic vote) 12/09/15: QIC
10/01/16	Review for effective date 02/01/17. Revised policy title. Updated Summary, Definitions, Clinical Background Information, References, and Reference to Applicable Laws and Regulations sections. Revised criteria in the Medical Policy Statement and Limitations section (by including an age criterion).	02/01/17 Version 11	10/19/16: MPCTAC 11/09/16: QIC
10/01/17	Review for effective date 11/01/17. Updated the Policy Summary, Description of Item or Service, Definitions, Clinical Background Information, and References sections. Revised policy title. Administrative changes made to the Medical Policy Statement and Limitations sections.	11/01/17 Version 12	10/18/17: MPCTAC
10/01/18	Review for effective date 01/01/19. Administrative changes made to the Definitions, References and Other Applicable Policies sections. Criteria updated in the Medical Policy Statement and Limitations sections.	01/01/19 Version 13	10/17/18: MPCTAC
09/01/19	Review for effective date 12/01/19. Administrative changes made to the Policy Summary, Description of Item or Service, Definitions, Clinical Background Information, References and Reference to Applicable Laws and Regulations sections. Criteria revised in the Medical Policy Statement and Limitations sections. Policy title revised.	12/01/19 Version 14	09/18/19: MPCTAC
12/01/19	Review for effective date 01/01/20. Industry-wide updates to codes included in the Applicable Coding section.	01/01/20 Version 15	Not applicable because industry-wide code changes.
09/01/20	Review for effective date 10/01/20. Administrative changes made to the References and Other Applicable Policies sections.	10/01/20 Version 16	09/16/20: MPCTAC
10/01/21	Review for effective date 01/01/22. Adopted new medical policy template; removed administrative sections, the Medical Policy Statement section	01/01/22 Version 17	10/20/21: MPCTAC

Policy Revisions History			
	renamed the Clinical Criteria section, and the Limitations section renamed the Limitations and Exclusions section. Added WellSense Medicare Advantage HMO as an applicable product effective 01/01/22. Administrative changes made to the Policy Summary, Limitations and Exclusions, Applicable Coding, and References sections. Criteria revised in the Clinical Criteria section.		

Next Review Date

09/01/22

Authorizing Entity

MPCTAC

Disclaimer Information:

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.