



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 in Adults

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Policy Number: 173

BCBSA Reference Number: 2.01.27 (For Plans internal use only)

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](#)
- Percutaneous 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](#).

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**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.

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

CPT codes:	Code Description
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
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)

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 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

Description

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.

Summary of Evidence

For individuals who have urinary incontinence (women) who receive biofeedback with PFMT, the evidence includes randomized controlled trials (RCTs) and systematic reviews. 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 that the technology results in an improvement in the net health outcome.

For individuals who have post-prostatectomy urinary incontinence, the evidence includes an RCT and systematic reviews that compared PFMT with or without biofeedback. Relevant outcomes are symptoms, functional outcomes, and quality of life. Results of these data were mixed, and 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 that the technology results in an improvement in the net health outcome.

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 did not report improved outcomes with biofeedback added to the intervention. The timing and delivery of the intervention were not well-defined. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
10/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
9/2021	Annual policy review. Policy statements unchanged.
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
10/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2020	Clarified coding information.
10/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
2/2017	New references added from BCBSA National medical policy.
11/2015	Clarified coding information.
8/2015	Annual policy review. New references added
9/2014	Annual policy review. New references added
5/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
10/2013	Annual policy review. New references added
5/2013	Annual policy review. New references added
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](#)

[Medical Technology Assessment Guidelines](#)

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