

Biofeedback and Pelvic Floor Muscle Therapy for Treatment of Urinary Incontinence

Policy Number: **M101230058**
Effective Date: **3/1/2011**
Sponsoring Department: **Health Care Services**
Impacted Department(s): **Health Care Services**

Type of Policy: Internal External

Data Classification: Confidential Restricted Public

Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s): MediSource; MediSource Connect; Child Health Plus Essential Plan
- Medicare, if yes, which plan(s): MAPD; PDP; ISNP; CSNP
- Commercial, if yes, which type: Large Group; Small Group; Individual
- Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes No

Purpose and Applicability:

To provide clinical coverage guidelines for biofeedback for treatment of urinary incontinence.

Policy:

Commercial and Self-Funded:

Independent Health provides coverage for treatment of urinary incontinence using pelvic floor muscle therapy with biofeedback to members who meet the criteria listed below.

Appropriate diagnoses include, but not limited to:

- Stress urinary incontinence
- Urge incontinence
- Overactive bladder
- Mixed incontinence
- Post prostatectomy incontinence

Criteria:

- Other possible causes for the problem such as infection or other pathology must be evaluated and treated.
- The patient must be motivated and compliant;
- Patients must indicate a willingness to keep voiding diaries and participate in self-assessment questionnaires during the course of treatment;
- Postmenopausal patients without contraindications and who have demonstrated urogenital atrophy must consent to topical estrogen replacement prior to institution of pelvic floor muscle therapy and biofeedback.
- Records of treatment and outcomes data as measured by standard instruments of measurement, such as the Leicester Urinary Symptom Questionnaire (LUSQ), or the Questionnaire for Urinary Incontinence Diagnosis (QUID), shall be available for review.

Medicare Advantage:

There are currently National Coverage Determinations (NCD) and a Local Coverage Article (LCA) for biofeedback. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:

MediSource, MediSource Connect, Child Health Plus and Essential Plan do not cover biofeedback.

Background

Urinary incontinence is involuntary urination. There are four main types of urinary incontinence: stress, urge, overflow and mixed form. Treatment is adapted to the severity of disease, its type and includes physiotherapeutic treatment (kinesiotherapy, physiotherapy, massage), pharmacological, psychological and surgical treatment.

Biofeedback as a supplement to pelvic muscle exercises in patients who are unable to properly isolate the pelvic floor or use accessory muscles during pelvic floor contractions. The American Urological Association guidelines states biofeedback is often used in conjunction with supervised pelvic floor physical therapy. The Aua also states in an expert opinion that in patients with SUI or stress-predominant MUI, clinicians may offer pelvic floor muscle exercises with or without biofeedback as a non-surgical treatment option.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required? Yes No

Pre-authorization is not required at the present time. Criteria above will be utilized upon retro-review.

Definitions

Biofeedback is a technique that trains people to improve their health by controlling certain bodily processes that normally happen involuntarily, such as heart rate, blood pressure, muscle tension, and skin temperature. Electrodes attached to the patient's skin measure these processes and display them on a monitor. With help from a biofeedback therapist, the patient can learn to change their heart rate or blood pressure, for example. At first the patient uses the monitor to see their progress, but eventually will be able to achieve success without the monitor or electrodes.

Leicester Urinary Symptom Questionnaire (LUSQ) is 10-item interviewer-administered tool to screen for lower urinary tract symptoms in women with incontinence and can be used to assess incontinence and other lower urinary tract symptoms in both men and women.

Pelvic floor muscle therapy consists of exercises to strengthen the pelvic floor. This exercise consists of both "tightening and relaxing" the pelvic muscle.

Questionnaire for Urinary Incontinence Diagnosis (QUID) is a 6-item questionnaire that was developed to diagnose stress and urge UI. This questionnaire has been found to have acceptable psychometric properties for use as an outcome measure for UI in clinical trials.

Urinary incontinence is a condition defined as an involuntary leakage of urine.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

Agency for Healthcare Research and Quality (ARHQ) [web site]. Comparative Effectiveness Review Number 36; Nonsurgical Treatments for Urinary Incontinence in Adult Women: Diagnosis and Comparative Effectiveness. April 2012; Available at: https://effectivehealthcare.ahrq.gov/sites/default/files/related_files/urinary-incontinence-treatment_executive.pdf Accessed November 9, 2023

Burgio KL, Goode PS, Locher JL et al. Behavioral training with and without biofeedback in the treatment of urge incontinence in older women: a randomized controlled trial. JAMA 2002; 288(18):2293-9.

Clemens JQ. Urinary incontinence in men. In: Up-to-date, Post TW (Ed), Up-to-date, Waltham, MA. (Accessed on November 9, 2023.)

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Kobashi KC, Albo ME, Dmochowski RR et al: Surgical Treatment of Female Stress Urinary Incontinence: AUA/SUFU Guideline. J Urol 2017; 198: 875.

National Institute for Health and Clinical Excellence [web page]. Urinary incontinence. The management of urinary incontinence in women: NICE guideline123 ;April 2, 2019 . Available at: <https://www.nice.org.uk/guidance/ng123/resources/urinary-incontinence-and-pelvic-organ-prolapse-in-women-management-pdf-66141657205189> Accessed November 9, 2023

Rovner ES, Wein AJ. Treatment options for stress urinary incontinence. Rev Urol. 2004;6 Suppl 3: S29-47.

Smith GL, Kobashi KC. Validated instruments in the evaluation and treatment outcomes of stress urinary incontinence in women. Curr Urol Rep. 2011 Oct;12(5):381-6.

Todhunter-Brown A, Hazelton C, Campbell P, et al. Conservative interventions for treating urinary incontinence in women: an Overview of Cochrane systematic reviews. Cochrane Database Syst Rev. 2022 Sep 2;9(9):CD012337.

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. Billing and Coding: Outpatient Physical and Occupational Therapy Services (A56566). Available at: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56566&ver=27&bc=CAAAAAAAAAA> Accessed November 18, 2022

Centers for Medicare and Medicaid (CMS) [web site]. National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1). Available at: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=42&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&Keyword=biofeedback&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAABAAAAAAAA%3d%3d&> Accessed November 9, 2023

Centers for Medicare and Medicaid (CMS) [web site]. National Coverage Determination (NCD) for Biofeedback Therapy (30.1). Available at: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=41&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA>

[%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=BC%7cSAD%7cRTC%7cReg&PolicyType=Both&s=---&Cntrctr=301*1&Keyword=biofeedback&KeywordLookup=Doc&KeywordSearchType=Exact&kq=true&bc=EAABAAAA&](#) Accessed November 9,2023

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest); CHP – 00045. June 20, 2006.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest); MA - 00178. March 19, 2003.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member’s contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes No

Revision Date	Owner	Notes
1/1/2024	Health Care Services	Revised
2/1/2023	Health Care Services	Reviewed
2/1/2022	Health Care Services	Reviewed
3/1/2021	Health Care Services	Reviewed
4/1/2020	Medical Management	Revised
5/1/2019	Medical Management	Reviewed
5/1/2018	Medical Management	Reviewed
6/1/2017	Medical Management	Revised
5/1/2016	Medical Management	Revised
5/1/2015	Medical Management	Revised
4/1/2014	Medical Management	Revised
2/1/2013	Medical Management	Revised
12/20/2011	Medical Management	Reviewed