

National Coverage Decision

SUBJECT

Biofeedback Therapy for the Treatment of Urinary Incontinence

Policy Number

PHYS-076

Effective date:

07/01/2001

Indications and Limitations of Coverage

Biofeedback is covered for the treatment of stress and/or urge incontinence in cognitively intact patients who have failed a documented trial of pelvic muscle exercise (PME) training. Biofeedback is not a treatment, per se, but a tool to help patients learn how to perform PME. Biofeedback-assisted PME incorporates the use of an electronic or mechanical device to relay visual and/or auditory evidence of pelvic floor muscle tone, in order to improve awareness of pelvic floor musculature and to assist patients in the performance of PME.

A failed trial of PME training is defined as no clinically significant improvement in urinary incontinence after completing 4 weeks of an ordered plan of pelvic muscle exercises to increase periurethral muscle strength.

Home use of biofeedback therapy is not covered.

HCPCS Coding

The following existing HCPCS codes should be used when billing for biofeedback therapy:

90901 Biofeedback training by any modality; and

90911 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry.

Reason for Denial

Claims submitted without an ICD-9 code and not meeting all the criteria listed in the "Indication and Limitations of Coverage".

Documentation Requirements

The patients medical records should be legible, contain the relevant history and physical findings conforming to the medical criteria stated above. Records must be made available to the Carrier on request.

Source

PM-AB-01-79; CR-1535; CIM REV-138 SEC. 35-27.1

Dates

Wisconsin

Effective Date: 07/01/2001

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Revision # & Date: *11/01/2004, one, former NCD-BIO, (PM-AB-01-79), renamed PHYS-076;

Illinois

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Michigan
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