Medical Policy
Biofeedback as a Treatment of Fecal Incontinence or Constipation

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Policy Number: 308
BCBSA Reference Number: 2.01.64

Related Policies
- Transanal Radiofrequency Treatment of Fecal Incontinence, #210
- Sacral Nerve Neuromodulation/Stimulation for Pelvic Floor Dysfunction, #153
- Biofeedback as a Treatment of Urinary Incontinence, #173

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Biofeedback for constipation in adults may be MEDICALLY NECESSARY for patients with dyssynergia-type constipation as demonstrated by meeting all 3 of the following criteria:
1. Symptoms of functional constipation that meet ROME III criteria
2. Objective physiologic evidence of pelvic floor dyssynergia demonstrated by inappropriate contraction of the pelvic floor muscles or less than 20% relaxation of basal resting sphincter pressure by manometry, imaging or EMG;
3. Failed a 3-month trial of standard treatments for constipation including laxatives, dietary changes, and exercises (as many of the previous as are tolerated).

Note: Rome III diagnostic criteria for functional constipation*
1. Must include two or more of the following:
   a. Straining during at least 25% of defecations
   b. Lumpy or hard stools in at least 25% of defecations
   c. Sensation of incomplete evacuation for at least 25% of defecations
   d. Sensation of anorectal obstruction/blockage for at least 25% of defecations
   e. Manual maneuvers to facilitate at least 25% of defecations (e.g., digital evacuation, support of the pelvic floor)
   f. Fewer than three defecations per week
2. Loose stools are rarely present without the use of laxatives
3. Insufficient criteria for irritable bowel syndrome
* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis
Rome III diagnostic criterion for dyssynergic defecation:
Inappropriate contraction of the pelvic floor or less than 20% relaxation of basal resting sphincter pressure with adequate propulsive forces during attempted defecation
Guidance on Biofeedback Protocol
The recommended treatment course for patients with constipation who meet criteria is up to 6 biofeedback sessions over 3 months.

Biofeedback as a treatment of constipation in adults and children in all other situations is INVESTIGATIONAL.

Biofeedback as a treatment of fecal incontinence in adults and children is INVESTIGATIONAL.

Medicare HMO Blue℠ and Medicare PPO Blue℠ Members
BCBSMA covers biofeedback as a treatment of fecal incontinence and constipation for the following indications for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:

- When it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups, or
- For treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm; or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful.

BCBSMA does not cover biofeedback as a treatment of fecal incontinence for the following indication for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:

- The treatment of ordinary muscle tension states or for psychosomatic conditions.

National Coverage Determination (NCD) for BIOFEEDBACK Therapy (30.1)
http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=41&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NC&D&PolicyType=Final&s=24&Cntrctr=205*1%7c208*1&KeyWord=biofeedback&KeyWordLookUp=Doc&KeyWordSearchType=Exact&CptHcpcsCode=90901&kq=true&bc=IAAAABAAAAAA&

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
Prior authorization is NOT required.

Commercial Members: PPO, and Indemnity
Prior authorization is NOT required.

Medicare Members: HMO Blue℠
Prior authorization is NOT required.

Medicare Members: PPO Blue℠
Prior authorization is NOT required.

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. 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. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>90875</td>
<td>Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented,</td>
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behavior modifying or supportive psychotherapy); approximately 20-30 minutes

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<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>90876</td>
<td>Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes</td>
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<tr>
<td>90901</td>
<td>Biofeedback training by any modality</td>
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<tr>
<td>90911</td>
<td>Biofeedback training, perineal muscles, anorectal, or urethral sphincter, including EMG and/or manometry</td>
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ICD-9 Diagnosis Coding

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>564.02</td>
<td>Outlet dysfunction constipation</td>
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<tr>
<td>787.61</td>
<td>Incomplete defecation</td>
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ICD-10 Diagnosis Codes

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<tr>
<th>ICD-10-CM Diagnosis codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>K59.02</td>
<td>Outlet dysfunction constipation</td>
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<tr>
<td>R15.0</td>
<td>Incomplete defecation</td>
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ICD-10 Procedure Codes

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<th>ICD-10-PCS procedure codes:</th>
<th>Code Description</th>
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<tr>
<td>GZC9ZZZ</td>
<td>Biofeedback</td>
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Description

Fecal incontinence in adults is the recurrent uncontrolled passage of fecal material. Pathophysiology of the disorder ranges from abnormalities in intestinal motility (diarrhea or constipation), poor rectal compliance, impaired rectal sensation, to weak or damaged pelvic floor muscles. There is no increase in mortality attributable to fecal incontinence; however, quality of life is severely affected. It is the second most common reason for elderly institutionalization.

Constipation refers to infrequent bowel movements and difficulty during defecation. There are primary (transit and synergic factors) and secondary (medications, lifestyle, endocrine or structural) causes of constipation. Conventional treatment includes dietary recommendations (i.e., adequate fiber and fluid intake), use of supplemental bulking substances, exercises and medications.

In children, most cases of fecal incontinence and constipation are functional, whose contributing factors include fear and/or pain associated with large, hard stools. This leads to retentive posturing in approximately half the children with chronic constipation. Customary intervention includes dietary recommendations, bowel and toilet scheduling, education and softening agents. Counseling and psychotherapy may provide support to the child and address social and psychological problems.

Biofeedback is a technique intended to teach patients self-regulation of certain physiologic processes not normally considered to be under voluntary control. Biofeedback training for fecal incontinence focuses on improving the ability to voluntarily contract the external anal sphincter and pubo-rectalis muscles in response to rectal filling and to decrease delay in response to a sensation of distension. However, multiple reviews of RCTs (although small sample sizes and limited studies make definitive determination difficult) did not find that biofeedback enhanced treatment outcome over standard care. For constipation, the aim of biofeedback is to teach patients how to tighten and relax their external anal sphincter in order to pass bowel movements.
Biofeedback devices convert the physiologic measures from an intra-anal EMG sensor, anal manometric probe (measuring intra-anal pressure), or perianal surface EMG electrodes to either visual or audio display for feedback. A biofeedback device is defined as instrument that provides a visual or auditory signal corresponding to the status of one or more of a patient's physiological parameters so that the patient can control voluntarily these physiological parameters.

Examples of biofeedback devices include the Pathway™ from Prometheus Group, and MyoTrac3 from Biofeedback Instrument Corporation. All devices for biofeedback as a method of treating fecal incontinence or constipation are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
There is a relatively large body of literature (i.e., randomized controlled trials [RCTs] and systematic reviews) evaluating the efficacy of biofeedback for treating fecal incontinence and constipation. For the treatment of fecal incontinence, systematic reviews have not found that biofeedback provides additional benefit when offered in conjunction with conventional therapy, compared to conventional therapy alone. While one recent RCT found that there was a significantly greater decrease in fecal incontinence symptoms with biofeedback plus exercise training than with exercise training alone, the majority of trials do not show a significant benefit. Overall, the evidence is insufficient to conclude that biofeedback improves the net health outcome for adults and children with fecal incontinence; therefore, this treatment is considered investigational.

For the treatment of constipation, a systematic review of RCTs found a benefit of biofeedback as a treatment of constipation in adults. Conclusions of the systematic review were limited by variability in patient populations, comparison groups and outcomes measures. However, detailed examination of several well-conducted RCTs focusing on patients with dyssynergia-type constipation suggests benefits in a sub-group of patients who meet criteria similar to trial participants. Thus, biofeedback may be considered medically necessary in adult patients with dyssynergia-type constipation who meet selection criteria and investigational for other patients with constipation.

Policy History

<table>
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<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>5/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
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<tr>
<td>1/2014</td>
<td>Coding information clarified</td>
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<tr>
<td>7/2013</td>
<td>BCBSA National medical policy review.</td>
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<tr>
<td></td>
<td>New medically necessary indications described; investigational statement on constipation modified. Effective 7/1/2013.</td>
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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
References