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You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

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Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)

physicians, and other health care professionals.
The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

**Summary**

**Overview**

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.

**Reimbursement Guidelines**

Contractors may decide whether or not to cover biofeedback as an initial treatment modality.

This policy applies to biofeedback therapy rendered by a practitioner in an office or other facility setting.

Home use of biofeedback therapy is not covered.

Cross Reference: Please see NCD 30.1 Biofeedback Therapy

**CPT/HCPCS Codes**

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<th>Code</th>
<th>Description</th>
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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>
</tr>
<tr>
<td>E0746</td>
<td>Electromyography (EMG), biofeedback device (Not covered)</td>
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References Included (but not limited to):

**CMS NCD**

NCD 30.1.1 Biofeedback Therapy for the Treatment of Urinary Incontinence

**CMS LCD(s)**

Numerous LCDs

**CMS Article(s)**

Numerous Articles

**CMS Benefit Policy Manual**

Chapter 15; § 220 Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance

**UnitedHealthcare Medicare Advantage Coverage Summaries**

Biofeedback
# Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)

Incontinence - Urinary and Fecal Incontinence, Diagnosis and Treatments

**UnitedHealthcare Medical Policies**

- Gastrointestinal Motility Disorders, Diagnosis and Treatment
- Mandibular Disorders

**Others**

- Decision Memo for Home Biofeedback For Urinary Incontinence (CAG-00118N), CMS Website

## History

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>09/09/2014</td>
<td>Removed liability modifier references</td>
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<tr>
<td>02/26/2014</td>
<td>Annual review</td>
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<tr>
<td>02/27/2013</td>
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