Subject: Biofeedback for Urinary Incontinence*

Effective Date: October 22, 2002

Department(s): Utilization Management

Policy: Biofeedback as therapy for stress and/or urge urinary incontinence will be covered under the Plans administered by QualCare, Inc.

Objective: To provide proper and consistent reimbursement and to delineate criteria for coverage of biofeedback for a specific indication.

Procedure:

A. The diagnosis of stress and/or urge urinary incontinence must be documented in writing by a physician.

B. There must be written documentation of a trial of at least 4 weeks of pelvic muscle exercise training, without biofeedback, that has failed. No more than 4 of these pelvic muscle exercise training sessions shall be in the setting of a provider’s office or other facility.

C. A maximum of 12 sessions will be authorized for biofeedback (CPT-90911) for stress and/or urge urinary incontinence (ICD 9-788.31,788.32,788.33; ICD-10 N39.41, N39.3, N39.46).
References


Myers DL Female mixed urinary incontinence: a clinical review. JAMA;311(19):2007-14(May)


DuBeau CE. Treatment of Urinary Incontinence. UpToDate version 18.1, updated February 1, 2010. Available at: http://www.uptodate.com/online/content/topic.do?topicKey=primneph/6500&view=print accessed 07/14/10


Sampselle CM. Urogynecology. Evidence-based Obstet and Gynecol 1999;1(4)113 (December)


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.