

BIOFEEDBACK THERAPY FOR THE TREATMENT OF URINARY INCONTINENCE (NCD 30.1.1)

Guideline Number: MPG026.05

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[Terms and Conditions](#) ⓘ

Table of Contents	Page
POLICY SUMMARY	1
APPLICABLE CODES	1
PURPOSE	2
REFERENCES	2
GUIDELINE HISTORY/REVISION INFORMATION	4
TERMS AND CONDITIONS	4

Related Medicare Advantage Policy Guideline

- [Biofeedback Therapy \(NCD 30.1\)](#)

Related Medicare Advantage Coverage Summaries

- [Biofeedback](#)
- [Incontinence: Urinary and Fecal Incontinence, Diagnosis and Treatments](#)

POLICY SUMMARY

See [Purpose](#) ⓘ

Overview

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

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.

Guidelines

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.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
90901	Biofeedback training by any modality
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry (Deleted 12/31/2019)
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (Effective 01/01/2020)

CPT Code	Description
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) (Effective 01/01/2020)

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PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

REFERENCES

CMS National Coverage Determinations (NCDs)

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

Reference NCD: [NCD 30.1 Biofeedback Therapy](#)

CMS Local Coverage Determinations (LCDs)

LCD	HHH	Medicare Part A	Medicare Part B
L34977 (Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters) Novitas		AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33615 (Biofeedback) First Coast		FL, PR, VI	FL, PR, VI
L33631 (Outpatient Physical and Occupational Therapy Services) NGS		CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34049 (Outpatient Physical and Occupational Therapy Services) CGS		KY, OH	KY, OH
L34427 (Outpatient Occupational Therapy) Palmetto		AL, GA, NC, SC, TN, VA, WV	
L34428 (Outpatient Physical Therapy) Palmetto		AL, GA, NC, SC, TN, VA, WV	
L33942 (Physical Therapy - Home Health) CGS	CO, DC, DE, IA, KS, MD, MO, MT, NE, ND, PA, SD, UT, VA, WV, WY		
L34560 (Home Health Occupational Therapy) Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX		
L34564 (Home Health Physical Therapy) Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX		

CMS Articles

Article	HHH	Medicare Part A	Medicare Part B
A52755 (Outpatient Therapy Biofeedback Training) Noridian		AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
A53057 (Billing and Coding: Home Health Occupational Therapy) Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX		
A53058 (Billing and Coding: Home Health Physical Therapy) Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NM, NC, OH, OK, SC, TN, TX		
A53064 (Billing and Coding: Outpatient Occupational Therapy) Palmetto		AL, GA, NC, SC, TN, VA, WV	
A53065 (Billing and Coding: Outpatient Physical Therapy) Palmetto		AL, GA, NC, SC, TN, VA, WV	
A53352 (Outpatient Therapy Biofeedback Training) Noridian		AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
A55633 (Biofeedback revision to the Part A and Part B LCD) First Coast		FI, PR, VI	FI, PR, VI
A55949 (Biofeedback revision to the Part A and Part B LCD) First Coast		FI, PR, VI	FI, PR, VI
A56530 (Billing and Coding: Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters) Novitas		AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
A56566 (Billing and Coding: Outpatient Physical and Occupational Therapy Services) NGS		CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
A57067 (Billing and Coding: Outpatient Physical and Occupational Therapy Services) CGS		KY, OH	KY, OH
A57635 (Billing and Coding: Biofeedback) First Coast		FI, PR, VI	FI, PR, VI
A52400 (Outpatient Physical and Occupational Therapy Services Supplemental Instructions Article) CGS Retired 11/06/2019		KY, OH	KY, OH
A55950 (Biofeedback Coding Guidelines) First Coast Retired 11/28/2019		FI, PR, VI	FI, PR, VI

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](#)

CMS Claims Processing Manual

[Chapter 5; § 40.7 Billing for Biofeedback Training for the Treatment of Urinary Incontinence](#)

CMS Transmittals

[Transmittal AB-01-79, Change Request 1535, Dated 05/15/2001 \(Instructions for Coverage and Billing of Biofeedback Training for the Treatment of Urinary Incontinence\)](#)

[Transmittal 2736, Change Request 8257, Dated 06/28/2013 \(Billing Social Work and Psychological Services in Comprehensive Outpatient Rehabilitation Facilities \(CORFs\)\)](#)

MLN Matters

[MM11501 Revised, 2020 Annual Update to the Therapy Code List](#)

Others

[Decision Memo for Home Biofeedback for Urinary Incontinence \(CAG-00118N\), CMS Website](#)

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Action/Description
02/12/2020	Applicable Codes <ul style="list-style-type: none">Added notation to indicate CPT code 90911 was "deleted Dec. 31, 2019" Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current information

TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).