

Title:	BIOFEEDBACK (Pelvic Rehab Therapy) For Urinary and Fecal Incontinence, Dyssynergic Constipation		
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Section:	UTILIZATION MANAGEMENT	Policy Number:	03-23
Type:	() New	Effective Date:	4/25/2007
	(X) Reviewed / Revised	Date:	3/20/2017 2/19/2018 1/2/2020 1/11/2021 1/5/2022 2/22/2023

Purpose:

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

DIAGNOSIS/CONDITION: ICD-10-N39.3

CPT-4/ HCPCS CODE AND DESCRIPTION: INDICATORS: **90911**, CPT®: 97110, 97161, 97162, 97163, 97164

1.0 INDICATIONS:

- Biofeedback for **Urinary Incontinence**
- Therapy provided in doctor's office or facility
- 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 or inability to perform PME or Kegel exercise in the office
 - 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.
- Biofeedback for **Fecal Incontinence**
 - Evaluation by Colorectal Surgeon or Gastroenterologist
 - Completed at least 1 anorectal test: anal manometry, defecography, PNTL
- Biofeedback for **Pelvic Floor Dyssynergia** as indicated by **ALL**
 - Evidence of Pelvic Floor Dyssynergia as indicated by one or more of the following
 - 1) Patient with prolonged difficulty expelling a simulated stool (i.e. balloon expulsion test greater than one minute) **or**
 - 2) Evidence of a non-relaxing puborectalis muscle (responsible for controlling bowel movements) while straining to expel the index finger during a rectal digital examination **or**
 - 3) Prolonged delay in transit time (greater than 20% retention of markers 5 days after ingestion
 - Negative results of evaluation for structural or metabolic (physical and chemical changes in the body) causes of constipation, including **ALL** of the following:

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- Colonoscopy or barium enema
- No evidence of hypothyroidism
- No use of drugs known to be constipating (i.e. narcotic pain medications)
- No response to usual therapy for constipation (i.e. diet, laxatives, exercise,

2.0 CONTRAINDICATIONS

- None

3.0 VIEWS OF THE SOUTHEAST PERMANENTE MEDICAL GROUP

Biofeedback for urinary incontinence as well as fecal incontinence is an accepted modality that should be tried prior to surgery in selected patients based upon clinical judgment. Biofeedback is also an acceptable treatment for patient with severe chronic dyssynergic constipation that has not responded to usual therapy. Biofeedback is a treatment modality that may be included with pelvic floor rehabilitation.

Note: Contracted Provider:

Dr. Olabisi Brown PT, DPT
Atlanta Pelvic and Orthopedic Rehab Center
Tucker, Georgia

4.0 CLINICAL SUMMARY:

Biofeedback can have a high success rate in selected subjects with incontinence particularly if they do not have significant pelvic organ prolapse. The failure rate after the initial training is high in patient who do not continue doing PME training daily.

5.0 REVIEW OF THE LITERATURE:

Aukee, P., Immonen, P., Penttinen, J., Airaksinen, O. Increase in pelvic floor muscle activity after 12 weeks' training: a randomized prospective pilot study. Urology 60 (6), 1023-1024. 2002

²
Randomized controlled trial of biofeedback, sham feedback, and standard therapy for dyssynergic defecation.

Rao SS; Seaton K; Miller M; Brown K; Nygaard I; Stumbo P; Zimmerman B; Schulze K

Clin Gastroenterol Hepatol. 2007 Mar; 5(3):331-8.

Results: Biofeedback improves constipation and physiologic characteristics of bowel function in patients with dyssynergia. This effect is mediated by modifying physiologic behavior and colorectal function. Biofeedback is the preferred treatment for constipated patients with dyssynergia.

6.0 REFERENCES:

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1. CMS national coverage: **Biofeedback Therapy for the Treatment of Urinary Incontinence** Refer to Centers for Medicare and Medicaid Services (CMS). Medicare National Coverage Determinations Manual. Chapter 1, Part 1. 30.1 - Biofeedback Therapy, and Section 30.1.1 Biofeedback Therapy for the Treatment of Urinary Incontinence 2001

2. SCPMG Clinical Practice Guideline (consensus based)

Pelvic Floor Exercise (not helpful if patient has high-grade prolapse or large paravaginal defects) for patients with stress incontinence.

- Independent after structured teaching-if the patient demonstrates good muscular recruitment and isolation.
- Biofeedback-if recruitment and isolation cannot be elicited.

3. SCPMG Clinical Practice Guideline (consensus based)

Pelvic floor exercises are recommended in women with urge incontinence

- Encourage daily pelvic muscle exercises and the use of pelvic muscle contractions as an urge strategy.
- Consider biofeedback in selected patients with poor muscle isolation and recruitment.
- KP NW Region Biofeedback Criteria for Constipation with Dyssynergic Constipation 1/09

4. Aetna: Biofeedback: 4/2019- Coverage includes urinary incontinence, fecal incontinence, migraines, and chronic constipation.

5. UpToDate- December 2021 Management of Fecal Incontinence in Adults

6. **Biofeedback** — We suggest biofeedback therapy in patients with fecal incontinence if anorectal manometry demonstrates weakness of the external anal sphincter or decreased ability to perceive rectal distension because of nerve injury [4,21,22]. Biofeedback is a painless, noninvasive means of cognitively retraining the pelvic floor and the abdominal wall musculature and is particularly useful in individuals with intact anal sphincters and urge incontinence or decreased rectal sensation.

7. Biofeedback is not indicated in patients with the following:

- Isolated internal anal sphincter weakness
 - Overflow incontinence associated with behavioral or psychiatric disorders
 - Neurological disorders associated with substantial loss of rectal sensation and/or the inability to contract the external anal sphincter
 - Decreased rectal storage capacity from resection, inflammation, or fibrosis
 - Suspected or established major structural damage to continence mechanisms
- Patients are guided to improve control of these muscles by electromyographic surface electrodes on an anal plug and an abdominal wall surface electrode. Biofeedback may improve fecal incontinence by enhancement of the ability to perceive rectal distension and improved coordination of the sensory and strength components that are required for continence. An effect on anal pressures has not been consistently demonstrated [23,24]. However, there are limited data to support biofeedback [25].

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8. UpToDate December 2021 Management of Chronic Constipation

— Biofeedback is a behavioral approach that can be used to correct inappropriate contraction of the pelvic floor muscles and external anal sphincter during defecation in patients with defecatory dysfunction such as dyssynergic defecation [25,26].

Various instruments, including anal plugs and anorectal manometers, have been used to monitor external anal sphincter pressures during attempted expulsion of the apparatus. The patient watches the recordings of electromyography (EMG) activity or sphincter pressure responses and is asked to modify inappropriate responses through trial and error.

Clinical improvement has been reported in adults who have received EMG biofeedback for defecatory dysfunction [26-31]. Two controlled trials in such patients found that biofeedback was more effective than laxatives [26,30]. Approximately two-thirds of patients with dyssynergic defecation have coexisting slow transit constipation. In this group of patients, biofeedback improves bowel function, dyssynergia, and colonic transit by improving outlet dysfunction [25]. However, biofeedback does not appear to benefit patients with slow transit constipation without dyssynergic defecation [29]. (See "[Overview of gastrointestinal motility testing](#)".)

Biofeedback is not widely available, has not been well standardized, and results may vary at different centers. However, where available, it is an attractive alternative for patients with pelvic floor dysfunction and severe constipation as it provides the potential for treatment without laxatives.

9. UptoDate November 2021 Treatment and Prevention of Urinary Incontinence in Women

Biofeedback – Biofeedback as a supplement to pelvic muscle exercises is particularly useful in women who are unable to properly isolate the pelvic floor or use accessory muscles during pelvic floor contractions. This modality involves placement of a vaginal pressure sensor

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within the vagina that measures pressure and provides an audible or visual feedback of strength of pelvic floor contraction. Augmented versions also use abdominal and perineal electromyography (EMG) recordings to demonstrate improper contraction of abdominal and gluteal muscles. In the United States, biofeedback is covered by Medicare for patients who fail an initial four-week trial of behavioral therapy. Biofeedback is often used in conjunction with supervised pelvic floor physical therapy.

A 2011 systematic review and meta-analysis of 17 randomized or quasi-randomized trials found that compared with women who received pelvic floor muscle exercises alone, those that also received biofeedback were more likely to report improvement or cure of urinary incontinence (RR 0.75, 95% CI 0.66-0.86) [32].

10. American Gastroenterological Association Technical Review on Constipation,
January 2013

11. MCG Guidelines 26th Edition

LCD Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L34977) Revision 6

Expert Opinion: TSPMG Urogynecologist: Sally Huber 1/27/2021-“patients with fecal incontinence rarely requires manometry prior to use of biofeedback. I typically refer member for pelvic floor rehab which may include biofeedback.”

Reviewed on 1/30/23 by Karen Goodlett MD

Assistant Physician Program Director of Quality Resource Management