



Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
 - Please refer to CMS guidelines: National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Medicare members. This MCP applies if no CMS criteria are available.
-

I. Procedure / Service: Physical Therapy
Related Medical Coverage Policy: Biofeedback

II. Diagnoses and Indications

For pelvic floor rehabilitation, this medical coverage policy denotes criteria for additional diagnoses and treatment beyond MCG (formerly called Milliman Care Guidelines). Please utilize the correct criteria per member's condition, as categorized below.

- A.** The current edition of MCG should be utilized for the following pelvic floor conditions:
1. Patient is pregnant;
 2. Pelvic organ prolapse (e.g., cystocele, enterocele, rectocele, urethrocele or prolapse of the cervix or uterus);
 3. Stress, urge, overflow, or mixed urinary incontinence; and
 4. Urinary incontinence after radical prostatectomy; and
 5. Myofascial pelvic floor dysfunction (e.g., dyspareunia, pelvic floor dysfunction)
- B.** This medical coverage policy should be utilized for chronic myofascial pelvic pain. Conditions association with this type of pain include:
1. Piriformis syndrome; or
 2. Vulvodynia; or
 3. Proctalgia fugax, or
 4. Coccygodynia.

III. Referral Management

An individualized therapeutic exercise program is required to address myofascial pain.

- A.** Treatment sessions typically are one hour on a weekly basis.
- B.** Re-evaluation is done after 5 treatments (usually over 4-5 weeks) to determine if progress has been sufficient for physical therapy to continue.
- C.** The total duration of treatment often depends on how long the patient has been symptomatic; some patients require a year or more of weekly therapy.



KAISER PERMANENTE[®]
Mid-Atlantic States

Pelvic Floor Rehabilitation for Myofascial Pelvic Pain

Medical Coverage Policy

IV. Excluded Adjunct Therapies

Refer to Milliman Care Guidelines (MCG) for separate guidelines on these therapies.

- A. Implanted Pelvic floor (sacral nerve) stimulators
- B. Botulinum Toxin injections

References

1. Abbott S, Unger CA, Evans JM. Evaluation and management of complications from synthetic mesh after pelvic reconstructive surgery: a multicenter study. Feb 2014; 210(2):163.e1-8. doi: 0.1016/j.ajog.2013.10.012. Epub Oct 2013.
2. Adelowo A, Hacker MR, Shapiro A, Modest AM, Elkadry E. Botulinum toxin type A (BOTOX) for refractory myofascial pelvic pain. *Female Pelvic Med Reconstr Surg*. Sep-Oct 2013;19(5):288-92.
3. Anderson RU, Harvey RH, Wise D, Nevin Smith J, Nathanson BH, Sawyer T. Chronic pelvic pain syndrome: reduction of medication use after pelvic floor physical therapy with an internal myofascial trigger point wand. *Appl Psychophysiol Biofeedback*. Mar 2015;40(1):45-52.
4. Bedaiwy MA, Patterson B, Mahajan S. Prevalence of myofascial chronic pelvic pain and the effectiveness of pelvic floor physical therapy. *J Reprod Med*. Nov-Dec 2013;58(11-12):504-10.
5. Beilecke K, Soeder S, Hufenbach E, Tunn R. Impact of Retropubic vs. Transobturator Slings for Urinary Incontinence on Myofascial Structures of the Pelvic Floor, Adductor and Abdominal Muscles. *Geburtshilfe Frauenheilkd*. Jan 2014;74(1):69-74.
6. Clinton SC, George SE, Mehnert M, Fitzgerald CM, Chimes GP. Pelvic floor pain: physical therapy versus injections. *Pain Manag R*. 2011 Aug;3(8):762-70.
7. Itza F, Zarza D, Salinas J, Teba F, Ximenez C. Turn-amplitude analysis as a diagnostic test for myofascial syndrome in patients with chronic pelvic pain. *Pain Res Manag*. Mar/Apr 2015; 20(2): 96-100.
8. Langford CF, Udvari Nagy S, Ghoniem GM. Levator ani trigger point injections: An underutilized treatment for chronic pelvic pain. *Neurourol Urodyn* 2007; 26:59.
9. Moldwin RM, Fariello JY. Myofascial trigger points of the pelvic floor: associations with urological pain syndromes and treatment strategies including injection therapy. *Curr Urol Rep*. Oct 2013;14(5):409-17.
10. Nourmoussavi M, Bodmer-Roy S, Mui J, Mawji N, Williams C, Allaire C, Yong PJ. Bladder base tenderness in the etiology of deep dyspareunia. *J Sex Med*. 2014 Dec;11(12):3078-84.
11. Polackwich AS, Li J, Shoskes DA. Patients with Pelvic Floor Muscle Spasm have a Superior Response to Pelvic Floor Physical Therapy at Specialized Centers. *J Urol* Apr 2015 pii: S0022-5347(15).
12. Spitznagle TM, Robinson CM. Myofascial pelvic pain. *Obstet Gynecol Clin North Am* Sept 2014; 41(3): 409-32.
13. Stein SL. Chronic pelvic pain. *Gastroenterol Clin North Am*. Dec 2013;42(4):785-800.
14. Sun C, Hull T, Ozuner G. Risk factors and clinical characteristics of rectal prolapse in young patients. *J Visc Surg* Sep 2014; 18 (14)0010.
15. U.S. Food and Drug Administration, UPDATE on Serious Complications Associated with Transvaginal Placement of Surgical Mesh for Pelvic Organ Prolapse: FDA Safety Communication. Date Issued: 07/13/ 2011.
16. Pelvic physical therapy: Another potential treatment option. Periodical (includes abstract) Harvard Women's



KAISER PERMANENTE[®]
Mid-Atlantic States

Pelvic Floor Rehabilitation for Myofascial Pelvic Pain

Medical Coverage Policy

- Health Watch, Jun2018; 25(10): 4-5. 2p. (Article - pictorial) ISSN: 1070-910X, Database.
17. Vaz CT, Sampaio RF, Saltiel F, Figueiredo EM. Effectiveness of pelvic floor muscle training and bladder training for women with urinary incontinence in primary care: a pragmatic controlled trial. *Braz J Phys Ther.* 2019;23(2):116–124. doi:10.1016/j.bjpt.2019.01.007. Accessed 04/17/2020.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6428909/>
 18. Hagen S, McClurg D, Bugge C, Hay-Smith J, Dean SG, Elders A, Glazener C, Abdel-Fattah M, Agur WI, Booth J, Guerrero K, Norrie J, Kilonzo M, McPherson G, McDonald A, Stratton S, Sergenson N, Grant A, Wilson L. Effectiveness and cost-effectiveness of basic versus biofeedback-mediated intensive pelvic floor muscle training for female stress or mixed urinary incontinence: protocol for the OPAL randomised trial. *BMJ Open.* 2019 Feb 19;9(2):e024153. doi: 10.1136/bmjopen-2018-024153. Accessed 04/17/2020.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6411252/>
 19. Ignácio Antônio F, Herbert RD, Bø K, Rosa-E-Silva ACJS, Lara LAS, Franco MM, Ferreira CHJ. Pelvic floor muscle training increases pelvic floor muscle strength more in post-menopausal women who are not using hormone therapy than in women who are using hormone therapy: a randomised trial. *J Physiother.* 2018 Jul;64(3):166-171. doi: 10.1016/j.jphys.2018.05.002. Epub 2018 Jun 15. Erratum in: *J Physiother.* 2020 Jan;66(1):7-8. Accessed 04/17/20.
https://www.clinicalkey.com/service/content/pdf/watermarked/1-s2.0-S1836955318300523.pdf?locale=en_US&searchIndex=
 20. Due U, Klarskov N, Gräs S, Lose G. Pelvic floor muscle training with and without supplementary KAATSU for women with stress urinary incontinence - a randomized controlled pilot study. *Neurourol Urodyn.* 2019 Jan;38(1):379-386. doi: 10.1002/nau.23872. Epub 2018 Nov 8. PMID: 30407649. Accessed 04/17/20. <https://www.ncbi.nlm.nih.gov/pubmed/30407649>
 21. Grant A, Dean S, Hay-Smith J, Hagen S, McClurg D, Taylor A, Kovandzic M, Bugge C. Effectiveness and cost-effectiveness randomised controlled trial of basic versus biofeedback-mediated intensive pelvic floor muscle training for female stress or mixed urinary incontinence: protocol for the OPAL (optimising pelvic floor exercises to achieve long-term benefits) trial mixed methods longitudinal qualitative case study and process evaluation. *BMJ Open.* 2019;9(2):e024152. Published 2019 Feb 19. doi:10.1136/bmjopen-2018-024152. Accessed 04/17/2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6411251/>
 22. Medicare Coverage Database, NCD: Non implantable pelvic floor electrical stimulator (230.8) and Pelvic Floor Electrical Stimulation for Urinary Incontinence (NCA Tracking). Accessed 6/17/2016.
 23. CMS Coverage Database, Pelvic Floor Muscle Exercises and Behavioral Treatments. Accessed 5/18/2015.
[https://www.bing.com/search?q=Decision+Memo+for+Pelvic+Floor+Electrical+Stimulation+for+Urinary+Incontinence+\(CAG-00021N\)&src=IE-SearchBox&FORM=IESR3A](https://www.bing.com/search?q=Decision+Memo+for+Pelvic+Floor+Electrical+Stimulation+for+Urinary+Incontinence+(CAG-00021N)&src=IE-SearchBox&FORM=IESR3A)
 24. Centers for Medicare & Medicaid Services (CMS). Decision Memo for Pelvic Floor Electrical Stimulation for Urinary Incontinence (CAG-00021N). Accessed 03/17/2021.
[https://www.bing.com/search?q=Decision+Memo+for+Pelvic+Floor+Electrical+Stimulation+for+Urinary+Incontinence+\(CAG-00021N\)&src=IE-SearchBox&FORM=IESR3A](https://www.bing.com/search?q=Decision+Memo+for+Pelvic+Floor+Electrical+Stimulation+for+Urinary+Incontinence+(CAG-00021N)&src=IE-SearchBox&FORM=IESR3A)
 25. Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database. National Coverage Determination (NCD) for Non-Implantable Pelvic Floor Electrical Stimulator (230.8). Accessed 03/17/2021.



KAISER PERMANENTE[®]
Mid-Atlantic States

Pelvic Floor Rehabilitation for Myofascial Pelvic Pain

Medical Coverage Policy

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=231>

26. Li, W., Hu, Q., Zhang, Z., Shen, F., & Xie, Z. (2020). Effect of different electrical stimulation protocols for pelvic floor rehabilitation of postpartum women with extremely weak muscle strength: Randomized control trial. *Medicine*, 99(17), e19863. <https://doi.org/10.1097/MD.000000000019863>
27. Hodges, P. W., Stafford, R. E., Hall, L., Neumann, P., Morrison, S., Frawley, H., Doorbar-Baptist, S., Nahon, I., Crow, J., Thompson, J., & Cameron, A. P. (2020). Reconsideration of pelvic floor muscle training to prevent and treat incontinence after radical prostatectomy. *Urologic oncology*, 38(5), 354–371. <https://doi.org/10.1016/j.urolonc.2019.12.007>.
28. Chan, K., Suen, M., Coulson, S., & Vardy, J. L. (2021). Efficacy of pelvic floor rehabilitation for bowel dysfunction after anterior resection for colorectal cancer: a systematic review. *Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer*, 29(4), 1795–1809. <https://doi.org/10.1007/s00520-020-05832-z>
29. Gluppe, S. B., Engh, M. E., & Bø, K. (2020). Immediate Effect of Abdominal and Pelvic Floor Muscle Exercises on Interrecti Distance in Women With Diastasis Recti Abdominis Who Were Parous. *Physical therapy*, 100(8), 1372–1383. <https://doi.org/10.1093/ptj/pzaa070>
30. Sacomori, C., Araya-Castro, P., Diaz-Guerrero, P., Ferrada, I. A., Martínez-Varas, A. C., & Zomkowski, K. (2020). Pre-rehabilitation of the pelvic floor before radiation therapy for cervical cancer: a pilot study. *International urogynecology journal*, 31(11), 2411–2418. <https://doi.org/10.1007/s00192-020-04391-5>
31. Wang, H., Feng, X., Liu, Z., Liu, Y., & Xiong, R. (2021). A rehabilitation programme focussing on pelvic floor muscle training for persistent lumbopelvic pain after childbirth: A randomized controlled trial. *Journal of rehabilitation medicine*, 53(4), jrm00180. <https://doi.org/10.2340/16501977-2812>
32. Aydın Sayılan, A., & Özbaş, A. (2018). The Effect of Pelvic Floor Muscle Training On Incontinence Problems After Radical Prostatectomy. *American journal of men's health*, 12(4), 1007–1015. <https://doi.org/10.1177/1557988318757242>
33. Schütze, S., Heinloth, M., Uhde, M., Schütze, J., Hüner, B., Janni, W., & Deniz, M. (2022). The effect of pelvic floor muscle training on pelvic floor function and sexuality postpartum. A randomized study including 300 primiparous. *Archives of gynecology and obstetrics*, 306(3), 785–793. <https://doi.org/10.1007/s00404-022-06542-z>
34. van Reijn-Baggen, D. A., Elzevier, H. W., Putter, H., Pelger, R. C. M., & Han-Geurts, I. J. M. (2022). Pelvic floor physical therapy in patients with chronic anal fissure: a randomized controlled trial. *Techniques in coloproctology*, 26(7), 571–582. <https://doi.org/10.1007/s10151-022-02618-9>
35. MCG 28th edition, Copyright © 2024 MCG Health, LLC. Guideline ACG: A-0371 (AC): Pelvic Floor Rehabilitation. Accessed: 01/09/2024
36. Milios JE, Ackland TR, Green DJ. Pelvic floor muscle training in radical prostatectomy: a randomized controlled trial of the impacts on pelvic floor muscle function and urinary incontinence. *BMC Urology*2019;19(1):116. DOI: 10.1186/s12894-019-0546-5.
37. Burgio, K. L., Kraus, S. R., Johnson, T. M., 2nd, Markland, A. D., Vaughan, C. P., Li, P., Redden, D. T., & Goode, P. S. (2020). Effectiveness of Combined Behavioral and Drug Therapy for Overactive Bladder Symptoms in Men: A Randomized Clinical Trial. *JAMA internal medicine*, 180(3), 411–419. <https://doi.org/10.1001/jamainternmed.2019.6398>



**Pelvic Floor Rehabilitation for Myofascial Pelvic Pain
Medical Coverage Policy**

38. Hagen, S., Elders, A., Stratton, S., Sergenson, N., Bugge, C., Dean, S., Hay-Smith, J., Kilonzo, M., Dimitrova, M., Abdel-Fattah, M., Agur, W., Booth, J., Glazener, C., Guerrero, K., McDonald, A., Norrie, J., Williams, L. R., & McClurg, D. (2020). Effectiveness of pelvic floor muscle training with and without electromyographic biofeedback for urinary incontinence in women: multicentre randomised controlled trial. *BMJ (Clinical research ed.)*, 371, m3719. <https://doi.org/10.1136/bmj.m3719>

Approval History

Date approved by RUMC*	Date filed with the State of Maryland	Date of Implementation (Ten days after filing)
07/30/2015	07/31/2015	08/11/2015

Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
07/26/2016	07/26/2016
07/28/2017	07/28/2017
07/27/2018	07/27/2018
07/30/2019	07/30/2019
07/24/2020	07/24/2020
07/22/2021	07/22/2021
06/20/2022	06/20/2022
06/26/2023	06/26/2023
06/25/2024	06/25/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.