

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.035
REVISION DATE: 03/10
ANNUAL APPROVAL DATE: 04/10
PAGE NUMBER: 1 of 4

SUBJECT: Biofeedback for Treatment and Management of Adult Urinary Incontinence
INDEX TITLE: Medical Management
ORIGINAL DATE: January 2007

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL:					
HMO ()	POS ()	PPO ()	OOA ()		
Fully Insured ()	Self-funded/ASO ()	HSA ()	All (X)		
Medicare Select ()	Medicare Supplement ()	Individual Product ()			
DPW-MA:					
Health Choices ()	Voluntary ()		All ()		
CMS-MA:					
OH ()	WV ()	PA ()	All (X)	Other ()	
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ()	PFFS (X)	All ()
PID-CHIP/AdultBasic:					
Free ()	Sub ()	Full ()	All (X)		
ANCILLARY:					
Dental ()	Vision ()				
APPLICABLE TO:					
Community Care ()	Work Partners ()				

I. POLICY

It is the policy of UPMC Health Plan to recognize that biofeedback for the treatment and management of urinary incontinence will be a covered benefit when medically necessary and recommended as a course of treatment by an Urologist or OB/GYN participating physician, and according to the member's specific benefit plan.

II. DEFINITIONS

Mixed Incontinence – A combination of stress and urge incontinence. Mixed Urinary incontinence is more common in women.

Stress Incontinence – Leakage of urine as a result of coughing, straining, sneezing or some sudden voluntary movement, due to weakness of the muscles around the neck of the bladder, and for females, surrounding the vagina, resulting in an incompetent internal vesical sphincter

Urge Incontinence – A strong desire to void urine accompanied by a fear of urine leakage. Urge incontinence can stem from motor urgency related to an overactive detrusor function, or sensory urgency related to vesico-urethral hypersensitivity

III. PURPOSE

The purpose of this policy is to define the use of biofeedback for the treatment and management of UPMC Health Plan members with urinary incontinence.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Biofeedback therapy (a training technique) provides visual, auditory or other evidence of the status of certain body functions so that a person can exert voluntary control over the functions (eg. strengthening pelvic floor musculature) and thereby alleviate an abnormal bodily function.

Biofeedback differs from electromyography, which is a diagnostic procedure used to record and study the electrical properties of skeletal muscle. An electromyography device may be used to provide feedback with certain types of biofeedback.

Approximately 20% of women over the age of 55 suffer from simple urinary stress incontinence. The pubococcygeal muscle, which forms the main support of the pelvic floor, is stretched during childbirth, sometimes damaged, and is known to weaken along with other muscles generally in postmenopausal women. Verbal and written instructions in performing pelvic floor exercises are often ineffective; however, with bladder retraining and muscle re-education, a patient can learn how to effectively control these muscles and reduce symptoms of urinary incontinence. Men are afflicted with urinary incontinence as well due to several medical conditions.

B. Indications

- Biofeedback is covered when billed by an urologist or OB/GYN provider for a diagnosis of urinary incontinence. Male members are covered when an urologist recommends this therapy for urinary incontinence.
- Coverage includes treatment of stress and/or urge urinary incontinence in cognitively intact members AND
- In members who have failed a documented trial of four (4) weeks of an ordered plan of pelvic muscle exercises (PME), designed to increase periurethral muscle strength.

The above applies to members 18 years of age and older.

C. Limitations

- Home use of Biofeedback therapy for adult incontinence is not covered.
- Biofeedback therapy is also not covered when conducted in group settings.
- Biofeedback therapy is limited to up to 6 treatments per six months per condition.

D. Variations

N/A

E. Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

F. Records Retention

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

G. References

1. Highmark Medicare Services. LCD #L27512: Physical Medicine & Rehabilitation Services – PT and OT <http://www.highmarkmedicare.com/policy/mac-ab/127513-r5.html>
2. Centers for Medicare & Medicaid; NCD #30.1.1: Biofeedback Therapy for the Treatment of Urinary Incontinence http://www.cms.hhs.gov/med/viewncd.asp?ned_id=30.1.1&ncd_version=1
3. Belman Ab. Vesicoureteral reflux. Ped. Clin. North Am. 1997;44(5) Milam DF., Franke JJ., Prevention and treatment of incontinence after radical prostatectomy. Semin.Urol.Oncol. 1995; 13(3)
4. Weatherall M., Biofeedback or pelvic floor muscle exercises for female genuine stress incontinence; A meta-analysis of trials identified in a systematic review. BJU Int. 1999; 83(9).
5. Position Statement: Coverage for Pelvic Floor Biofeedback Therapy. The Continence Coalition of the Society of Urological Nurses and Associates. J. Wound Ostomy Continence Nurs. 1999; 26(1); 22-24.
6. Overview: Urinary Incontinence in Adults: Clinical Practice Guideline Update. <http://www.ahrq.gov/clinic/uiovervw.htm>

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Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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