

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.039
REVISION DATE: 03/10
ANNUAL APPROVAL DATE: 04/10
PAGE NUMBER: 1 of 5

SUBJECT: Biofeedback in the Treatment of Pediatric Dysfunctional Elimination Syndrome
INDEX TITLE: Medical Management
ORIGINAL DATE: February 2007

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

COMMERCIAL:					
HMO ()		POS ()		PPO ()	
Fully Insured ()		Self-funded/ASO ()		HSA ()	
Medicare Select ()		Medicare Supplement ()		Individual Product ()	
DPW-MA:					
Health Choices ()			Voluntary ()		All ()
CMS-MA:					
OH ()		WV ()		PA ()	All (X)
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:					

I. POLICY

It is the policy of UPMC Health Plan to recognize that treatment of pediatric members with Primary Dysfunctional Elimination Syndrome using Biofeedback Therapy is consistent with good medical practice when the services are medically necessary and according to the member's benefit plan.

II. DEFINITIONS

Encopresis: Inability to control the elimination of stool (fecal incontinence)

Dysfunctional Elimination: (Bedwetting): An abnormal pattern of elimination of unknown cause, characterized by both urine and stool and by bladder and bowel incontinence, occurring in previously toilet-trained children without anatomic or neurologic abnormalities.

Primary Nocturnal Pediatric Elimination: Inability to hold urine during the sleep cycle.

Detrusor Sphincter Dyssynergia: Disturbance of the normal relationship between bladder (detrusor) contraction and sphincter relaxation during voluntary or involuntary voiding efforts.

III. PURPOSE

The purpose of this policy is to identify biofeedback therapy as a treatment option for pediatric members up to age 18 who have been diagnosed with Primary Dysfunctional Elimination Syndrome.

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 is considered an alternative medicine technique under the mind-body category of complimentary and alternative medicine (CAM) practices. Pediatric Dysfunctional Elimination Syndrome is one of the most common indications for urological consultation in children. Centralized therapy for non-neurogenic voiding dysfunction and, specifically, biofeedback training for the external sphincter, can successfully treat this condition.

Primary nocturnal Pediatric Dysfunctional Elimination Syndrome occurs frequently in children under the age of ten (10), and occurs more often in males than females. While 40% of 3 year old children wet their beds, at age 5, 16% of children experience nocturnal bedwetting, and only 7% at 8 years of age. Many outgrow the problem, as only one in 100 adults continue to experience this problem. But biofeedback has provided an 85% cure rate for children who have been treated with this technique. Primary nocturnal incontinence is attributable to a small bladder and detrusor instability. Biofeedback has also been demonstrated as useful for children who experience recurrent urinary tract infections. After ruling out any physical problems that may contribute to this recurring problem (anatomical issues) or emotional problems, a physician may recommend biofeedback, as it is non-invasive and demonstrates visible results in a short time. Biofeedback may involve using electronic devices that monitor individual bodily functions and help to trigger the child's responses. Another method of biofeedback is to train the child to practice holding his/her urine for longer and longer times, strengthening the bladder wall, while developing a sensory reaction to the pressure on the bladder. For

children with bladder sphincter dyssynergia, biofeedback therapy is considered to teach sphincter relaxation. An average treatment consists of 4 to 8 biofeedback sessions.

B. Indications

Biofeedback **must be recommended by a physician and performed by an urologist** for the treatment of the following conditions associated with bladder dysfunction:

- Nocturnal enuresis
- Staccato voiding
- Bladder-sphincter dyssynergia
- Vesicoureteral reflux
- Recurrent Urinary tract infections when:
 - Physical limitations such as a kidney or urinary tract infection, diabetes, or defects in the urinary system have been ruled out.
 - Medications and other conservative measures to address this problem have not reduced or eliminated the issue
 - Dysfunctional elimination (bedwetting) occurs nightly

C. Limitations

The following conditions **will not be covered**:

- Biofeedback therapy is not a treatment option for children under five (5) years of age or over eighteen (18) years of age.
- Unusual straining during urination or a small or narrow stream of urine or dripping may be a sign of other physical problems.
- Cloudy or pink urine, or bloodstains on underwear or night clothes

In addition

- Biofeedback must be performed by a urologist or a voiding center in a hospital
- Treatment is limited to 10 sessions per lifetime.
- No coverage provided for the EMG biofeedback device

Note: Biofeedback therapy for encopresis in children is considered experimental and investigative.

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. Enuresis (Bed Wetting) What is Enuresis? Bed Wetting; The Amer Acad of Pediatrics
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3. American Acad of Pediatrics. ADHD-Unproven treatments. Accessed July 8, 2001
4. Bassotti G, Chistolini F., Sietchiping-Nzepa F, deRoberto G., Morelli, C, Chiarioni, G Biofeedback for pelvic floor dysfunction in constipation. BMJ 2004 Feb 14; 328 *7436): 393-396
5. National Center for Complementary & Alternative Medicine (NCCAM). Mind-Body Medicine; An Overview; Aug., 2005. Accessed July 6, 2006. Available at: <http://nccam.nih.gov/health/backgrounds/mindbody.htm>
6. Puena, M., Constantini, E., Rociola, W., Mearini, E., Biofeedback Successfully Cures Detrusorsphincter Dyssynergia in Pediatric Patients. J.Urol 2000, June: 162(6); 1927-31.
7. Yagci S., Kibar Y, Akay O, Kilic S., Erdemir F, Gok, F., Dayanc M, The Effect of Biofeedback in Treatment on Voiding and Urodynamic Parameters in Children with Voiding Dysfunction. J. Urol. 2005 November; (5):1994 -1997
8. Urinary Incontinence in Children; The Free Online Library Pamphlet by National Kidney and Urologic Diseases Information Clearinghouse. <http://www.thefreelibrary.com/Urinary+incontinence+in+children-a082844443>
9. Urinary Incontinence in Children, HealthLink of the Medical College of Wisconsin

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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