

MEDICAL POLICY – 2.01.540

Biofeedback for Incontinence

Ref. Policy: MP-123

Effective Date: Jul. 1, 2025

Last Revised: Jun. 23, 2025

Replaces: N/A

RELATED MEDICAL POLICIES:

None

Select a hyperlink below to be directed to that section.

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Introduction

Incontinence is the involuntary leakage of urine or stool from the bladder or bowel. Types of urinary incontinence include stress incontinence, urge incontinence, overflow incontinence, or mixed incontinence. Fecal incontinence can include gas, liquid, or solid. Biofeedback is a type of treatment for incontinence that involves re-training muscles to help people take control of their bladder or bowel functioning. This policy describes when biofeedback for urinary or fecal incontinence in children and adults may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
Biofeedback for the treatment of incontinence	Biofeedback for the treatment of incontinence may be considered medically necessary for the following indications:

Service	Medical Necessity
	<ul style="list-style-type: none"> • Adult (individuals 18 years of age and older) - Biofeedback for urinary incontinence and fecal incontinence/constipation when all of the following criteria are met: <ul style="list-style-type: none"> ○ Treatment is billed by a practitioner according to their scope of practice for a diagnosis of urinary incontinence or fecal incontinence/constipation. ○ Constipation, when the patient suffers from pelvic floor dyssynergia ○ Potential treatable problems should be identified and treatment implemented prior to biofeedback therapy. ○ The individual has failed a documented trial of an ordered plan of pelvic muscle exercises (PME), designed to increase periurethral muscle strength. • Pediatric (individuals between 5 years of age and 18 years of age) – Biofeedback for dysfunctional elimination syndrome: <ul style="list-style-type: none"> ○ Biofeedback for cognitively intact pediatric individuals must be prescribed by a urologist and performed in conjuncture with pelvic muscle/floor training to treat of any of the following conditions associated with bladder dysfunction: <ul style="list-style-type: none"> ▪ Bladder-sphincter dyssynergia ▪ Recurrent urinary tract infections when all of the following criteria are met: <ul style="list-style-type: none"> ▫ Physical limitations such as a kidney 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. <p>Note: See Related Information below for Limitations</p>

Coding

Code	Description
CPT	
90901	Biofeedback training by any modality
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
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)
ICD-10 Codes Covered if Selection Criteria are Met	
G83.4	Cauda equine syndrome
K59.00-K59.09	Constipation
K59.4	Anal spasm
N31.2	Flaccid neuropathic bladder, not elsewhere classified
N31.9	Neuromuscular dysfunction of bladder
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Post-void dribbling
N36.44	Muscular disorders of urethra
N36.8	Other specified disorders of urethra
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.490	Overflow incontinence
R15.0-R15.9	Fecal incontinence
R33.0	Drug induced retention of urine
R33.8-R33.9	Retention of urine
R35.0	Frequency of micturition
R39.14	Feeling of incomplete bladder emptying

Code	Description
R39.15	Urgency of urination
N13.70-N13.739	Vesicoureteral reflux
N32.81	Overactive bladder
N36.41-N36.44	Sphincter disorders/ deficiency
N39.0	Urinary tract infection, site not specified
N39.44	Nocturnal enuresis

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Related Information

Limitations

Limitations in Adults (individuals 18 years of age and older) - Biofeedback for urinary incontinence and fecal incontinence/constipation:

- Home use of biofeedback therapy is not covered.
- Biofeedback training in a group setting is not covered.
- Biofeedback therapy is limited to up to six treatments per six months per condition.

Appropriate candidates for biofeedback training include:

- Capable of participating in the treatment plan (physically as well as intellectually)
- Motivated to actively participate in the treatment plan, including being responsive to care requirements

Limitations in the Pediatric Population (individuals between five years of age and 18 years of age) – Biofeedback for dysfunctional elimination syndrome

Biofeedback therapy should not be a treatment for any of the following conditions/symptoms and will not be covered:

- This is not a treatment option for children under five 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.

Other limitations include:

- Treatment is limited to ten sessions per lifetime.
- No coverage provided for the electromyography (EMG) biofeedback device.
- Biofeedback therapy for encopresis or constipation in children is considered experimental and investigative.

Evidence Review

Background

N/A

References

1. Kopańska M, Torices S, Czech J, Koziara W, Toborek M, Dobrek Ł. Urinary incontinence in women: biofeedback as an innovative treatment method. *Ther Adv Urol*. 2020;12. doi:10.1177/1756287220934359
2. Bordeianou LG, Thorsen AJ, Keller DS, et al. The American Society of Colon and Rectal Surgeons' Clinical Practice Guidelines for the Management of Fecal Incontinence. *Dis Colon Rectum*. Published online February 14, 2023;647-661. doi:10.1097/DCR.0000000000002776



3. Alavi K, Thorsen AJ, Fang SH, et al. The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Evaluation and Management of Chronic Constipation. Dis Colon Rectum. 2024;67(10):1244-1257. doi:10.1097/DCR.0000000000003430
4. Nepple KG, Cooper CS. Management of bladder dysfunction in children. UpToDate. Published online January 22, 2024. <https://www.uptodate.com/contents/management-of-bladder-dysfunction-in-children>. Accessed May 19, 2025.

History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Biofeedback for the treatment of incontinence may be considered medically necessary for adults and children when criteria are met.
11/01/20	Annual Review, approved October 22, 2020. No changes to policy statement, references updated. Removed CPT'S 90875, 90876 and 90911; added 90912 and 90913.
05/01/21	Annual Review, approved April 1, 2021. No changes to policy statement, references updated.
07/01/22	Annual Review, approved June 27, 2022. No changes to policy statement, references updated.
01/01/24	Annual Review, approved December 11, 2023. No changes to policy statement, references updated. Changed the wording from "patient" to "individual" throughout the policy for standardization.
07/01/24	Annual Review, approved June 24, 2024. No changes to policy statement, references updated.
07/01/25	Annual Review, approved June 23, 2025. Policy statements updated for adult and pediatric individuals. Background section removed. Reference updated.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member



benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

