Policy Number	PSY301.016
Policy Effective Date	01/01/2026

Biofeedback as a Treatment of Urinary Incontinence

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Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Coverage

Biofeedback **may be considered medically necessary** for the treatment of urinary incontinence.

Policy Guidelines

None.

Description

Biofeedback
Biofeedback is intended to teach individuals self-regulation of certain physiologic processes not normally considered to be under voluntary control. The various forms of biofeedback mainly differ in the nature of the disease or disorder under treatment, the biologic variable that the subject attempts to control, and the information that is fed back to the subject.

Biofeedback techniques include peripheral skin temperature feedback, blood-volume-pulse feedback (vasoconstriction and dilation), vasoconstriction training (temporalis artery), and

electromyographic biofeedback; they may be used alone or in conjunction with other therapies (e.g., relaxation, behavioral management, medication). Biofeedback training is done either in individual or group sessions. A typical program consists of 10 to 20 training sessions of 30 minutes each.

Biofeedback has been proposed as a treatment for a variety of diseases and disorders, including anxiety, headaches, hypertension, movement disorders, incontinence, pain, asthma, Raynaud disease, and insomnia.

Biofeedback, in conjunction with pelvic floor muscle training, is a possible treatment modality for stress, urge, mixed, and overflow urinary incontinence because it may enhance awareness of body functions and the learning of exercises to train pelvic muscles. Several proposed biofeedback methods may be employed to treat urinary incontinence, including vaginal cones or weights, perineometers, and electromyographic systems with vaginal and rectal sensors.

Regulatory Status

A variety of biofeedback devices have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. These devices are designated by the FDA as class II with special controls and are exempt from premarket notification requirements. The FDA defines a biofeedback device as "an instrument that provides a visual or auditory signal corresponding to the status of 1 or more of a patient's physiological parameters (e.g., brain alpha wave activity, muscle activity, skin temperature, etc.) so that the patient can control voluntarily these physiological parameters." (1)

Evidence pertaining to the use of biofeedback for headaches is addressed in medical policy PSY301.019.

Evidence pertaining to the use of biofeedback for miscellaneous indications (treatment of hypertension, anxiety, asthma, movement disorders [e.g., motor function after stroke, injury, or lower-limb surgery], and other applications) is addressed in medical policy PSY301.007.

Evidence pertaining to the use of biofeedback for fecal incontinence or constipation is addressed in medical policy PSY301.017.

The leva® Pelvic Heath system uses motion sensor technology to provide biofeedback through use of an intravaginal device worn during pelvic training with connection to a smartphone app. The device received FDA approval for fecal incontinence, urinary incontinence, and strengthening of the pelvic muscle floor.

FDA product code: KPI; HIR.

Rationale

This medical policy is based on review of relevant professional society recommendations, as well as a national coverage determination from the Centers for Medicare and Medicaid Services (CMS).

Practice Guidelines and Position Statements

American College of Obstetricians and Gynecologists and the American Urogynecologic Society

The American College of Obstetricians and Gynecologists and the American Urogynecologic Society issued a practice bulletin (issued 2015; reaffirmed 2025) on urinary incontinence in women. (2) The practice bulletin states, "Pelvic muscle exercises may be used alone or augmented with bladder training, biofeedback, or electrical stimulation."

American Urological Association et al.

In their guidelines on treatment of stress urinary incontinence in women, the American Urological Association and Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (2017) recommended offering several treatment options, including pelvic floor muscle training with biofeedback: "Pelvic floor muscle training and incontinence pessaries are appropriate for patients interested in pursuing therapy that is less invasive than surgical intervention. Pelvic floor physical therapy can be augmented with biofeedback in the appropriate patient. The patient must be willing and able to commit to regularly and consistently performing pelvic floor training for this to be successful." (3) A 2023 update to these guidelines, which focused on surgical treatment of stress urinary incontinence, includes a recommendation for pelvic floor exercises with or without biofeedback as a nonsurgical option. (4)

The 2024 American Urological Association/Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction guideline on overactive bladder includes biofeedback as an example of non-invasive therapies. (5) Although they make no specific recommendations for biofeedback, they state, "Clinicians may offer select non-invasive therapies to all patients with OAB." However, they caution, "While safety profiles are excellent across modalities, with few adverse effects and a high risk-benefit ratio, all non-invasive therapies do not have equivalent efficacy and the evidence base is highly variable. Most non-invasive therapies require long-term patient compliance to maintain a durable effect and patients should be counselled as such before embarking on a course of a potentially lifelong therapy."

The American Urological Association/Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction guideline (2019; amended 2024) on treating incontinence after prostate treatment states that the randomized controlled trials that were assessed differed on the regimen of pelvic floor muscle training, with some studies including biofeedback or electrical stimulation. (6) Guideline Statement 16 recommends pelvic floor muscle exercises or pelvic floor muscle training after radical prostatectomy, but biofeedback is not mentioned as part of the treatment.

National Institute for Health and Care Excellence

In 2019, the NICE updated its guidance on the management of urinary incontinence in women. (7) Recommendations on biofeedback included: "do not use perineometry or pelvic floor electromyography as biofeedback as a routine part of pelvic floor muscle training" and "electrical stimulation and/or biofeedback should be considered in women who cannot actively contract pelvic floor muscles in order to aid motivation and adherence to therapy".

Medicare National Coverage
In 2001, the Centers for Medicare & Medicaid issued a national coverage determination. (8) It states:

"This policy applies to biofeedback therapy rendered by a practitioner in an office or other facility setting.

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. Biofeedback is not a treatment, per se, but a tool to help patients learn how to perform PME. Biofeedback-assisted PME incorporates the use of an electronic or mechanical device to relay visual and/or auditory evidence of pelvic floor muscle tone, in order to improve awareness of pelvic floor musculature and to assist patients in the performance of PME.

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.

Contractors may decide whether or not to cover biofeedback as an initial treatment modality.

Home use of biofeedback therapy is not covered."

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	90875, 90876, 90901, 90912, 90913
HCPCS Codes	E0746, S9002

*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.

References

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5. Cameron AP, Chung DE, Dielubanza EJ, et al. The AUA/SUFU Guideline on the Diagnosis and Treatment of Idiopathic Overactive Bladder. J Urol. Jul 2024; 212(1):11-20. PMID 38651651
6. Sandhu JS, Breyer BB, Comiter C, et al. Incontinence after Prostate Treatment: AUA/SUFU Guideline (2019; Amended 2024). American Urological Association. 2019 (Amended 2024). Available at: <https://www.auanet.org> (accessed October 3, 2025).
7. National Institute for Health and Clinical Excellence (NICE) Guideline. Urinary Incontinence and Pelvic Organ Prolapse in Women: Management. NICE Guideline (2019). Available at: <https://www.nice.org.uk> (accessed October 2, 2025).
8. Centers for Medicare and Medicaid Services. National coverage decision for biofeedback therapy for the treatment of urinary incontinence (Publication No. 100-3, Section 30.1.1) (2001). Available at <http://www.cms.gov> (accessed October 3, 2025).

Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been changed since this medical policy document was written. See Medicare's National Coverage at <https://www.cms.hhs.gov>.

Policy History/Revision

Date	Description of Change
01/01/2026	Document updated. The following changes were made to Coverage: Modified medically necessary statement to remove “performed by a licensed healthcare professional”; and 2) Removed both not medically necessary and experimental, investigational and/or unproven statements. Added references 1, 4, and 5; some updated and others removed.
02/01/2025	Reviewed. No changes.

6/15/2023	Document updated with literature review. The following changes were made to Coverage: The experimental, investigational and/or unproven statement for biofeedback was changed to: Biofeedback, performed by a licensed healthcare professional, may be considered medically necessary for the treatment of urinary incontinence. Biofeedback, using a home biofeedback device (e.g., leva® Pelvic Health System) is considered not medically necessary for the treatment of urinary incontinence. Biofeedback for treatment of urinary frequency in the absence of urinary incontinence is considered experimental, investigational and/or unproven. The following references were added: 1, 5-6, 12, 16-17, 31-35, 41-43; others updated and one reference removed.
10/15/2022	Reviewed. No changes.
12/01/2021	Document updated with literature review. Coverage unchanged. The following references were added/updated: 17 and 28.
10/15/2020	Reviewed. No changes.
11/15/2019	Document updated with literature review. Coverage unchanged. The following references were added/updated: 3-6, 20-21, 23, and 32.
06/15/2018	Reviewed. No changes.
06/01/2017	Document updated with literature review. Coverage unchanged.
12/01/2016	Reviewed. No changes.
10/01/2015	Document updated with literature review. Coverage unchanged.
12/01/2014	Reviewed. No changes.
02/01/2013	New medical document. Biofeedback is considered experimental, investigational and unproven as a treatment of urinary incontinence. Coverage is unchanged. (This topic was previously addressed on PSY301.007 Biofeedback and Neurofeedback.)