



UM-CDG-004 Biofeedback

Approved By:  
Director, Health Services

Effective Date:  
11/10/2025

***This Policy applies to all SECUR affiliates, associates, and subsidiaries.***

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

## PURPOSE

This coverage determination guideline serves to address biofeedback therapy based on the learning principle that a desired response is learned by a member following the reception of some type of information that their action produced the desired physiological response.

Biofeedback therapy provides visual, auditory, or other evidence of status of certain body functions so that a person can exert voluntary control over the functions and thereby alleviate an abnormal body condition.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

## DEFINITIONS

**None**

## POLICY

SECUR Health Plan considers biofeedback training medically necessary for:

1. Muscle reeducation of specific muscle groups
2. Treatment of pathological muscle abnormalities of spasticity
3. Incapacitating muscle spasm or weakness when more conventional modalities have failed

SECUR Health Plan considers biofeedback training not medically necessary for the treatment of ordinary muscle tension states or for psychosomatic conditions. Additionally, biofeedback is not covered for mechanical urinary incontinence or functional urinary incontinence as these are not amenable to biofeedback therapy.

Biofeedback training evaluates the EMG activity of the levator ani, urinary sphincter, and/or anal sphincter by using intravaginal, intra-anal, or surface sensors. EMG activity is evaluated and provides objective information regarding muscle activity and a basis for pelvic muscle rehabilitation.

SECUR Health Plan considers biofeedback training specific to the perineal muscles and/or anorectal or urethral sphincter medically necessary for:

1. Treatment of fecal incontinence when the underlying cause is determined to be an ineffective anal sphincter squeeze function, or
2. Treatment of stress, urge, or persistent post-prostatectomy urinary incontinence where more conventional treatments have been unsuccessful

To be considered medically necessary, the member must have the ability to understand analog and/or digital signals using auditory and/or visual display. Additionally, the member must be motivated to learn voluntary control and perform their personalized, prescribed exercise program daily or as indicated by the prescriber.

For subsequent diagnostic testing that a provider requests following initiating of medically necessary biofeedback therapy, supporting documentation must be if supports that the results of the diagnostic testing are needed to determine management of the member's current and/or future treatments, and such testing should be done at the last biofeedback session.

Documentation provided must indicate a clear history of conventional treatments unsuccessfully tried prior to initiation of biofeedback therapy and must show evidence that the member failed a four-week trial period of prescribed pelvic muscle exercises to increase periurethral strength which resulted in no significant improvement in urinary incontinence prior to initiation of biofeedback therapy.

The duration of biofeedback therapy is typically two to three sessions to train, observe progress, reinforce treatment, and follow up. Additional sessions will require supporting documentation to determine continued medical necessity.

#### References:

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Biofeedback Therapy (30.1)
2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1)
3. National Government Services, Inc. Local Coverage Determination (LCD) for Outpatient Physical and Occupational Therapy Services (L33631)
4. National Government Services, Inc. Article - Billing and Coding: Outpatient Physical and Occupational Therapy Services (A56566)
5. National Government Services, Inc. Article - Billing and Coding: Psychiatry and Psychology Services (A56937)
6. Burgio KL, Goode PS, Locher JL, et al. Behavioral training with and without biofeedback in the treatment of urge incontinence in older women: a randomized controlled trial. *JAMA*. Nov 13 2002; 288(18): 2293-9. PMID 12425706
7. Muscle strength. Physiopedia. Accessed June 23,2023. [https://www.physio-pedia.com/Muscle\\_Strength](https://www.physio-pedia.com/Muscle_Strength)
8. Pelvic muscle function and strength. Physiopedia. Accessed June 23,2023.
9. Zhu D, Xia Z, Yang Z. Effectiveness of physiotherapy for lower urinary tract symptoms in postpartum women: systematic review and meta-analysis. *Int Urogynecol J*. Mar 2022; 33(3): 507-521. PMID 34302516
10. Wu X, Zheng X, Yi X, et al. Electromyographic Biofeedback for Stress Urinary Incontinence or Pelvic Floor Dysfunction in Women: A Systematic Review and Meta-Analysis. *Adv Ther*. Aug 2021; 38(8): 4163- 4177. PMID 34176082
10. Mateus-Vasconcelos ECL, Ribeiro AM, Antônio FI, et al. Physiotherapy methods to facilitate pelvic floor muscle contraction: A systematic review. *Physiother Theory Pract*. Jun 2018; 34(6): 420-432. PMID 29278967
11. Laycock J, Jerwood D. Pelvic floor muscle assessment: the PERFECT scheme. *Physiotherapy*. 2001;87(12):631-642. Accessed June 23,2023. <https://www.sciencedirect.com/science/article/abs/pii/S003194060561108X>
12. National Coverage Determination (NCD) 30.1, Biofeedback Therapy, NA <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=41>

