American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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April 2016

Dear Medical Director:

The American Academy of Pediatrics (AAP) is a professional medical society of over 62,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults. I am writing to you to advocate for appropriate coverage and payment for children with lower urinary tract dysfunction (LUTD) that would benefit from biofeedback therapy.

Pediatric LUTD is often associated with incontinence (20% of children[1]), urinary tract infection (7.1% of children[2]), constipation (10% of children[3]) and vesicoureteral reflux (1.8% of children[4]), all of which can be debilitating and embarrassing to the patient. , Fortunately, significant advances have been made in the management of pediatric LUTD over the last two decades improving the quality of care that these children receive. Historically, a majority of children with LUTD were evaluated with invasive and expensive studies and prescribed medication[5]. This approach has been replaced by a modern, conservative and non-invasive method of evaluation and treatment that is well supported by the literature[6-9].

The most recent approach for LUTD management emphasizes extensive voiding education as the first line of treatment. Patients are educated on the importance of appropriate fluid intake, timed voiding, regular bowel habits, proper hygiene, and proper position while voiding. If this does not lead to significant improvement or resolution of the symptoms, the patient is followed up with simple, non-invasive urologic screening studies in order to determine the underlying problem. Frequently, that problem is pelvic floor dysfunction where the pelvic floor contracts with voiding and sets up an abnormal voiding pattern. The appropriate management for increasing children's awareness of their pelvic floor muscles and treating pelvic floor dysfunction is non-invasive biofeedback treatment. Numerous articles confirm the use of biofeedback and its efficacy in treatment of pelvic floor dysfunction and overactive bladder associated with LUTD[10-13]. Biofeedback is best done in medical centers where advanced computer technology and the appropriate type of biofeedback are available. It is accomplished with a device that measures EMG potential of the pelvic floor and abdominal muscles and is a useful tool for teaching patients how to separate these muscle groups to use them individually.

Biofeedback treatment for LUTD shows high success rates in symptom resolution. It also decreases the rate of recurrent urinary tract infections, number of invasive studies and medication used on children, and need to do surgery for vesicoureteral reflux. Most children that develop a urinary tract infection are seen after hours in the Emergency Room. In addition, they need several screening studies along with medication which are costly. Another benefit, especially for females, is the reduction of vesicoureteral reflux. In vesicoureteral reflux, the urine backs up from

the bladder to the kidney, triggering a urinary tract infection that develops into pyelonephritis. The management of pyelonephritis often requires hospitalization and IV antibiotics. Not only is this very disruptive for the patient and family, but has significant cost impact for insurance companies. The biggest area of savings is related to surgery. Many girls with vesicoureteral reflux that develop a breakthrough urinary tract infection require surgery. The surgery is a 4 hour procedure, complicated, and requires a 4 to 5 day hospital stay.

Whereas, biofeedback is approved by Medicare and Medicaid in most states as well as commercial health plans, benefits coverage specifically for biofeedback for LUTD management varies. Many peer-reviewed studies support biofeedback for treatment of LUTD – it is not an experimental approach but a validated treatment that will benefit both the patient and insurers. Biofeedback in LUTD management provides an effective, non-invasive, conservative method of treatment with a high success rate decreasing the need for expensive studies, surgery and medication. Coverage of biofeedback is essential for patient participation.

I look forward to your response regarding your health plan's benefits coverage for treatment of LUTD with biofeedback therapy. The AAP is poised to work with health plans and payers for appropriate benefits coverage for biofeedback to help achieve the goals of improving quality of care and managing costs in a model of care that ensures children and families have access to appropriate care.

Should you require additional information, please contact Kathleen Ozmeral, AAP staff manager to the AAP Section on Urology at kozmeral@aap.org

Sincerely,

Benard P. Dreyer, MD, FAAP
President

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