

Bowel Management Devices

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon
--	---

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Treatment for constipation includes identification and modification of the cause of constipation, such as certain medications, metabolic abnormalities, dehydration, lack of dietary fiber, and lack of mobility or exercise. Generally accepted treatment to correct constipation includes stool softeners, laxatives, and enemas. Bowel management devices are used to treat certain cases of chronic constipation or prevent constipation in people with a history of extensive bowel management programs (i.e., neurogenic bowel dysfunction).

Criteria

Commercial

- I. PacificSource considers manual pump enema systems (e.g., Peristeen Anal Irrigation System, Navina Smart / Classic System) devices medically necessary when **ALL** of the follow criteria is met:
 - A. Member is 2 years or older
 - B. A Diagnosis of chronic neurogenic bowel, which is not adequately managed with diet, regular bowel habits, laxatives, or reduction of constipation causing medication

Medicaid

PacificSource Community Solutions follows the criteria hierarchy described in the “Clinical Criteria Used in UM Decisions” policy for coverage of bowel management devices. PCS covers HCPCS code A4459 when the condition and service(s) pair on a funded line of the HERC Prioritized List of Health Services, any relevant Guideline criteria is met, and service(s) are medically necessary and appropriate for the specific member.

PCS follows the coverage, limitations, and restriction outlined in Chapter 410 Division 122 Durable Medical Equipment, Prosthetic Orthotics, and Supplies for coverage of HCPCS code A4458.

Additional coverage options for unfunded conditions and services are provided as described in Covered Services OAR 410-141-3820. Service(s) may be limited or excluded in accordance with OARs 410-141-3825 and 410-120-1200, except as otherwise provided in the Covered Services Rule.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Guideline Note 116, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare follows Local Coverage Determination for Bowel Management Devices L36267.

Experimental/Investigational/Unproven

PacificSource considers manual pump enemas, to be experimental, investigational, or unproven for all other indications.

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy’s E/I/U list, to be reviewed by medical necessity review guidelines. Please see related policy, “Clinical Criteria Used in UM Decisions” to review criteria hierarchy and “Medical Necessity Reviews” for determination of coverage and medical necessity guidelines.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

A4458 Enema bag with tubing, reusable

A4459 Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

Definitions

Manual pump enemas - devices used to lower bowel to treat or prevent constipation.

Related Policies

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DME POS)

Clinical Criteria Used in UM Decisions

Clinical Resources Used for Medical Necessity Determinations When No Other UM Clinical Criteria or Guideline Exists

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

References

Christensen, P., Bazzocchi, G., Coggrave, M., Abel, R., Hultling, C., Krogh, K., Media, S., & Laurberg, S. (2006). A randomized, controlled trial of transanal irrigation versus conservative bowel management in spinal cord-injured patients. *Gastroenterology*, 131(3), 738–747.

<https://doi.org/10.1053/j.gastro.2006.06.004>

Christensen, P., Krogh, K., Buntzen, S., Payandeh, F., & Laurberg, S. (2009). Long-term outcome and safety of transanal irrigation for constipation and fecal incontinence. *Diseases of the colon and rectum*, 52(2), 286–292. <https://doi.org/10.1007/DCR.0b013e3181979341>

Coggrave M. (2007). Transanal irrigation for bowel management. *Nursing times*, 103(26), 47–49.

<https://www.nursingtimes.net/archive/transanal-irrigation-for-bowel-management-26-08-2007/>

Mattsson, S., & Gladh, G. (2006). Tap-water enema for children with myelomeningocele and neurogenic bowel dysfunction. *Acta paediatrica (Oslo, Norway : 1992)*, 95(3), 369–374.

<https://doi.org/10.1080/08035250500437507>

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410

<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>

Oregon Health Authority. The Health Evidence Review Commission (HERC) Prioritized List of Health Services <https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx>

Oregon Open Data Portal. Health & Human Services. (Accessed July 24, 2024) Group 1119: Diagnostic Procedure Codes. https://data.oregon.gov/Health-Human-Services/Group-1119-Diagnostic-Procedure-Codes/74vi-r5ii/data_preview

National Institute for Health and Care Excellence. (June 6, 2022). Peristeen plus transanal irrigation system for managing bowel dysfunction. <https://www.nice.org.uk/guidance/mtg36>

Appendix

Policy Number:

Effective: 1/1/2024

Next review: 1/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): OARs 410-141-3820, 410-141-3825, 410-120-1200, 410-151-0001, 410-151-0002, 410-151-0003

OPs Approval: 12/2025