

Medical Policy



Electronic Bowel Irrigation/Evacuation System

Description

The pulsed irrigation evacuation (PIE) system has been used to treat chronic constipation and fecal impaction in patients with neurological causes of altered bowel function, including quadriplegia, paraplegia, spinal cord injury, spinal bifida, etc., and for bowel preparation for colonoscopy. The PIE procedure uses pulses of small amounts of warm water to rehydrate stool and improve peristalsis. The system consists of a control unit to control inflow and outflow time and disposable supplies including a water reservoir bag, a cuffed speculum, and outflow bag into which the water and stool flows. This is a closed system to minimize fecal soiling and potential contamination.

The speculum is inserted into the rectum and the cuff is inflated to prevent backwash of stool and water. A low volume of water is then pulsed for four to six seconds, followed by a drainage cycle. The entire procedure lasts from 15 to 20 minutes or until the return fluid is clear.

Medicare Member Policy

Pulsed irrigation and evacuation systems (E0350, E0352) will be denied as statutorily non-covered because Pulsed irrigation and evacuation devices (PIE* – P.I.E. Medical Inc., Buford, GA) do not meet the DME benefit because they are considered institutional equipment.

Enema systems (gravity and manual pump), codes A4458 and A4459 respectively, will be denied as statutorily non-covered because they do not meet the requirement of durability.

Non-Medicare Member Policy

Pulsed Irrigation Evacuation (PIE) of fecal impaction may be considered reasonable and necessary when the following medical criteria is met:

- a. Chronic home use of a device for pulsed irrigation maybe reasonable and necessary for members with neuropathic bowel who have failed conservative techniques of bowel retraining (e.g. suppositories, digital stimulation, abdominal massage, enemas) as evidenced by repeated episodes of impaction requiring practitioner intervention or hospitalization.

Non-Medicare Member Exclusions

PIE is excluded when any of the following contraindications exist:

Medical Policy



Electronic Bowel Irrigation/Evacuation System

- a. Abdominal surgeries in the past 12 months.
- b. Renal insufficiency
- c. Acute diverticulitis
- d. Impactions not in the colon, i.e., ileus.
- e. Integrity of the colon is suspect (suspected perforation).

HCPCS Level II Codes and Description

E0350	Control unit for electronic bowel irrigation/evacuation system
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Medical Policy



Electronic Bowel Irrigation/Evacuation System

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

References

1. TRICARE, Humana: Pulsed Irrigation Evacuation (PIE) Use of pulsed irrigation evacuation in the management of the neuropathic bowel. 2007; 8: 2.7
2. National Government Services, Inc. Jurisdiction B DME MAC, Bowel Management Devices. Local Coverage Determination No. L36267; revised date January 1, 2020. Accessed November 2020.
3. Medicare: NGS Jurisdiction B Correct Coding and Coverage memo dated Feb 12, 2015 stating The Peristeen Transanal irrigation system (A4459) is a device used to empty the lower bowel and to prevent chronic constipation and fecal incontinence or simply as a method of bowel management. There is no Medicare benefit for this device; therefore, claims for code A4459 will be denied as noncovered.

Applicable URAC Standard

Core 8	Staff operational tools and support.
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-08	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008	
02	12-22-09	Annual Review- No changes	Susan Glomb	Ken Fasse	Dec.2009	

Medical Policy



Electronic Bowel Irrigation/Evacuation System

03	12-01-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
05	12-13-11	Annual Review. Changes made to reflect current clinical guidelines of experimental and investigational. References added to policy.	Susan Glomb	Dr. B. Almasri	Dec. 2011	
06	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	08-15-12	Changed to reflect current practice. Added new reference – TRICARE.	Susan Glomb	Dr. B. Almasri	August 2012	
08	11-28-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
09	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
10	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	11-16-15	Annual Review. Annual Review. Added Peristeen Transanal Irrigation System as a non covered item A4459 unless covered per state guidelines.	Lisa Wojno	Dr. B. Almasri	November 2015	

Medical Policy



Electronic Bowel Irrigation/Evacuation System

12	12-01-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
13	12-12-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017	
14	12-01-18	Annual Review. Updated policy to reflect non-coverage for Medicare members. Added Bowel Management Medicare reference.	Lisa Wojno	Dr. C. Lerchin	December 2018	
15	12-06-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
16	11-18-20	Annual Review. Changed 'physician' to 'practitioner'.	Lisa Wojno	Dr. C. Lerchin	November 2020	