

Bowel Management Devices and Supplies

DME.SU.101.A

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Introduction

Bowel management devices are addressed in this guideline.

Health Equity Consideration

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

- A bed pan is considered medically necessary for an individual who is confined to a bed.
- The Peristeen transanal irrigation system is considered medically necessary when used for chronic neurogenic bowel dysfunction in individuals whose symptoms persist despite comprehensive conservative management (e.g., structured bowel routines, dietary interventions, and pharmacologic measures).

Not Medically Necessary

The following items are not covered as they do not meet the definition of durable medical equipment (DME):

- disposable sheets and bags
- disposable underpads and non-disposable underpads
- incontinence garments (e.g., briefs, diapers)
- rectal inserts and related accessories
- gravity-administered enema systems and fecal collection systems, including rectal catheters/tubes used with such systems

- pulsed irrigation and evacuation systems
- toilet seats, raised toilet seats, toilet seat lift mechanisms, bidets and bidet toilet seats

Microprocessor electrical continence aids and related fecal collection systems and rectal catheters/tubes are considered experimental, investigational, or unproven (EIU).

Note:

For information related to EIU procedures or services, see EviCore's **Guideline Definitions** document.

Evidence Discussion

Boman et al. (2021) conducted an integrative literature review to evaluate the effectiveness and feasibility of transanal irrigation for individuals with neurogenic bowel dysfunction. Nineteen studies were included, comprising randomized controlled trials, nonrandomized trials, and observational studies. Across the reviewed literature, transanal irrigation was associated with reductions in fecal incontinence episodes, constipation severity, and time required for bowel evacuation when compared with baseline bowel care. Several studies reported improvements in bowel-related satisfaction, perceived autonomy, and quality of life, as well as decreased caregiver dependence. Reported discontinuation rates varied widely between studies, with discontinuation commonly attributed to practical difficulties, adverse effects, or insufficient training rather than lack of clinical effect. Adverse events were generally mild to moderate and included abdominal discomfort, leakage, and technical challenges with device use. The authors concluded that transanal irrigation demonstrated effectiveness as a bowel management intervention for individuals with neurogenic bowel dysfunction, particularly in reducing symptom burden and bowel care time, but noted that feasibility remained variable. Key limitations included heterogeneity in study designs, outcome measures, and patient populations, as well as an overall low methodological quality across many included studies, which limited the ability to draw firm comparative conclusions and underscored the need for higher-quality prospective research.

Pieniowski et al. (2023) conducted a multicenter randomized controlled clinical trial comparing transanal irrigation with conservative bowel management in individuals with low anterior resection syndrome following rectal cancer surgery. A total of 45 individuals with major low anterior resection syndrome were randomized to either transanal irrigation or conservative treatment and were followed for 12 months. Individuals assigned to transanal irrigation demonstrated significantly greater improvements in bowel function compared with those receiving conservative care, as measured by the Low Anterior Resection Syndrome score and the Cleveland Clinic Florida Fecal Incontinence score at 12-month follow-up. The transanal irrigation group reported fewer daily bowel movements, reduced urgency, and decreased clustering of stools, along

with improved bowel-related quality of life measures. Improvements in bowel function were observed early and were sustained throughout the follow-up period. Adherence to transanal irrigation was generally acceptable, although some individuals discontinued treatment due to difficulty with use or perceived burden. Adverse events were infrequent and primarily mild, consisting of abdominal discomfort and procedural inconvenience. The authors concluded that transanal irrigation was more effective than conservative management in improving bowel function and symptom burden in individuals with low anterior resection syndrome. Study limitations included the small sample size, lack of blinding due to the nature of the intervention, and restriction to a surgically defined population, which limited generalizability to other causes of bowel dysfunction.

Codes Addressed in This Guideline

HCPSC Code	Description
A4335	Incontinence supply; miscellaneous
A4337	Incontinence supply, rectal insert, any type, each
A4453	Rectal catheter with or without balloon, for use with any type transanal irrigation system, each
A4458	Enema bag with tubing, reusable
A4459	Manual transanal irrigation system, includes water reservoir, pump, tubing, and accessories, without catheter, any type
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4553	Non-disposable underpads, all sizes
A4554	Disposable underpads, all sizes
A9270	Non-covered item or service
E0275	Bed pan, standard, metal or plastic
E0276	Bed pan, fracture, metal or plastic
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

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