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1.0 Description of the Procedure, Product, or Service

Pulsed irrigation of fecal irrigation involves the use of a device consisting of a speculum inserted into the rectum and held in place with an inflatable cuff. Rapid pulses of water are then administered, which are intended to rehydrate dry, hard, impacted fecal material. It is also thought that the presence of the speculum and cuff and the vibration related to the pulsing water stimulate the autonomic system, similar to digital stimulation, thus promoting peristalsis, and further contributing to disimpaction. Pulsed irrigation may be performed in an inpatient setting, emergency room, physician's office, or in the home.

Pulsed irrigation in the home setting has been primarily used in recipients with a neuropathic bowel who have failed conservative therapy with bowel training. Bowel training focuses on establishing optimal fecal consistency and stimulation of peristalsis at regular intervals to develop a conditioned reflex to defecate. Stimulation of peristalsis may consist of use of suppositories, digital stimulation of the anal canal, or abdominal massage to increase the intra-abdominal pressure. Enemas may also be used, but these are frequently ineffective in those with spinal cord injury due to the lack of sphincter control. Fecal impaction, defined as constipation requiring physician intervention or hospitalization, represents a failure of conservative therapy.

1.1 Clinical studies of pulsed irrigation as a treatment of fecal impaction

Clinical studies have primarily focused on recipients with neuropathic bowel who had failed bowel retraining methods. For example, Puet et al reported on 398 procedures performed at a rehabilitation hospital for recipients with spinal cord injury and stroke. The indications for the pulsed irrigation included symptomatic impaction, asymptomatic impaction with bowel distension, and failure of a bowel routine to produce stool on three (3) consecutive occasions. Of the 246 procedures, 162 (66%) were performed on four (4) recipients, while 63 (41%) of the 152 inpatient procedures were performed on 31 spinal cord injury recipients. The procedure was effective in removing stool in all but three (3) of the cases. Two (2) of these recipients were stroke recipients who could not tolerate the procedure, while one (1) recipient was a spinal cord injury recipient who could not retain the pulsed fluid. Kokoszka and colleagues reported on the successful use of pulsed irrigation in 14 recipients with fecal impaction who were considered candidates for hospitalization for disimpaction.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

Note: Most children will be able to get all the services they need under the core (basic) plan of NC Health Choice. A child who qualifies as having special needs may be able to receive additional services not covered by the core plan.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Pulsed Irrigation of Fecal Impaction may be covered by the NC Health Choice Program when it is determined to be medically necessary because the following medical criteria are met:

- a. Chronic home use of a device for pulsed irrigation may be medically necessary in recipients with neuropathic bowel who have failed conservative techniques of bowel retraining, as evidenced by repeated episodes of impaction requiring physician intervention or hospitalization.
- b. Pulsed irrigation may be medically necessary as a treatment of fecal impaction in the hospital, outpatient, and clinic setting.

3.3 Other Medical Policy Guidelines

Failed conservative therapy is defined by the following:

- a. The recipient has symptomatic impaction with pain, abdominal distention, nausea and vomiting, significant weight loss, recurrent liquid stools, autonomic dysreflexia, and is unresponsive to oral bowel medications, suppositories, or enemas, **OR**
- b. The recipient has asymptomatic fecal impaction with abdominal distention and no response to a bowel program, **AND**
- c. Conservative techniques of bowel retraining are documented that have been tried and failed such as the following: use of suppositories, digital stimulation, abdominal massage, enemas, adequate fiber and fluid intake, and a consistent daily routine for bowel movement, **AND**
- d. A complete history and physical must be documented.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Pulsed irrigation is not covered for indications that do not meet the criteria listed in **Subsection 3.2**.

4.3 Other Medical Policy Guidelines

Contraindications for use of the pulsed irrigation evacuation system are as follows:

- a. Colon surgery in the past year,
- b. Significant GI bleeding,
- c. Acute diverticular disease,
- d. Evidence of acute abdomen.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is required for the electronic bowel irrigation device. Prior approval would also be required if pulsed irrigation of fecal impaction necessitated a skilled nursing visit in the home.

5.2 Other

When criteria are met for home use of the device, a two (2) month trial of rental with pulsed irrigation evacuation system can be requested to determine if long-term use will be medically necessary. If the trial is successful then purchase can be initiated. Supplies are generally approved for six (6) month increments.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
September 30, 2011	Throughout	Policy Date of Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Code
91123

HCPCS Code(s)
E0350
E0352

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Outpatient Hospital, Office and Home

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.