Priority Health	BILLING POLICY No. 150
Bowel Management Device	
Date of origin: August 2025	**Review dates: 6/2026**

DEFINITION

Bowel management devices provide a way for people to empty their bowels or manage fecal incontinence by controlling stool leakage.

MEDICAL POLICY

For Medicare

For indications that do not meet criteria of NCD, local LCD or specific medical policy, a Pre-Service Organization Determination (PSOD) will need to be completed. Click here for additional details on PSOD.

POLICY SPECIFIC INFORMATION

Documentation requirements

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines

Coding Guidelines

Please follow the coding guidelines listed below when billing for the Peristeen bowel management device

Peristeen trans anal irrigation system:

- Use HCPCS code to bill is A4459- this is an all-inclusive code, and individual components should not be billed separately.
- Use HCPCS code A4453 for refillable rectal catheters.

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
A4479	ELECTRONIC TRANSANAL IRRIGATION SYSTEM, INCLUDES ELECTRONIC PUMP, WATER RESERVOIR, 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

Modifiers

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

Place of Service

Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. Click here for additional information.

Reimbursement rates

Find reimbursement rates for the codes listed on this page in our standard fee schedules for your contract. Go to the fee schedules (login required)

REFERENCES

LCD - Bowel Management Devices (L36267)
Bowel Management Devices (JA, JB, JC, JD) (A54516) - Local Coverage Article (LCA)

DISCLAIMER

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS), and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS, and revenue codes for all claim submissions. CPT, HCPCPS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available in our Provider Manual.

CHANGE / REVIEW HISTORY

Date	Revisions made
Aug. 2025	New policy – effective date Nov. 17, 2025
June 2026	Updated- Removed effective dates for A4459 and A4453 since both codes are effective now- Also added CPT codes under "Coding Guidelines"