

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 10/1/2025
	Subject: Coverage criteria for anal irrigation systems and catheters

Anal Irrigation Systems and Catheters Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for anal irrigation systems and catheters (HCPCS codes A4459 and A4453) for the management of fecal incontinence, chronic constipation, or other severe bowel dysfunction that has not responded to conservative therapies.

2. Coverage Criteria

To be eligible for coverage, members must meet the following:

Anal irrigation systems and catheters may be covered when a member:

- Has at least one of the following conditions:
 - Fecal incontinence
 - Chronic constipation
 - Bowel management that requires 30 or more minutes per day
- Has demonstrated failure of the following first-line bowel management methods:
 - Dietary modification
 - Medication
 - Enema bags

3. Quantity Limits

Coverage is limited to one catheter (A4453) per day and two irrigation systems (A4459) per year.

4. Authorization Requirements

Prior authorization is required for HCPCS codes A4459 and A4453. All requests for authorization must include documentation demonstrating the failure and the length of time the first-line bowel management methods were trialed.

Authorization requests for more than two systems per year or more than one catheter per day must include documentation demonstrating the need to exceed the established quantity limits.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

5. Reimbursement

A4459 and A4453 are reimbursed at Medicare set rates when the above criteria are met. Providers must refer to the Durable Medical Equipment Fee schedule for applicable rates.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.
2	12/18/2025	Update the reimbursement section by removing the references to MSRP and adding language regarding Medicare rates. Effective October 1, 2025, Medicare established rates for these services. Claims with a date of service on or before September 30, 2025, are reimbursed at 75% of the manufacturer's suggested retail price. Providers must attach a copy of the invoice when submitting a claim for reimbursement.