



PROVIDER POLICIES & PROCEDURES

EXTERNAL URINARY AND/OR FECAL COLLECTION SYSTEM FOR HOME USE

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for an external urinary and/or fecal collection system for home use. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

An external urinary collection system (e.g., PureWick®, QIVI®) is designed to keep an individual's skin dry by gently pulling or "wicking" the urine away from the body with an external catheter and displacing the urine into a sealed collection canister. It is a continuous low-pressure suction device that is powered by electricity or batteries. The system consists of a urine suction pump, a urine collection canister, tubing from the collection canister to the suction pump and from the collection canister to the external catheter, and an external urine collection device.

An external urine and fecal collection system (i.e., Curaco Carebidet), is a device that uses sensors to detect and manage excretion for bedridden individuals. After urine or feces is detected, they are removed via a suction-powered diaper cup and flushed into a collection tank. The system will then rinse the perianal and sacral areas with warm water and dry the area(s) with warm air, using moving nozzles within the diaper cup. To manage moisture, the system automatically performs an hourly air-dry cycle, or other time interval per protocol that is set by the caregiving staff.

CLINICAL GUIDELINE

Coverage guidelines for an external urinary and/or fecal collection system will be made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

The use of an external urinary and/or fecal collection system in a home setting is considered **investigational and therefore not medically necessary** as there is insufficient evidence in peer-reviewed, published, medical literature supporting its clinical efficacy and safety in the management of urinary or fecal incontinence. Current literature does not substantiate an improvement in health outcomes or a medical benefit with use in a home setting.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

1

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

PROCEDURE

Requests for coverage of an external urinary and/or fecal collection system will be reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

EFFECTIVE DATE

This policy is effective for prior authorization requests for an external urinary and/or fecal collection system for individuals covered under the HUSKY A, B, C, and D programs on or after November 1, 2025.

LIMITATIONS

N/A

CODES:

Code	Description
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system

DEFINITIONS

- HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
- HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
- HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
- HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
- HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
- HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
- Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

2

and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. prescription.

8. **Prior authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- FDA. MAUDE Adverse Event Report: C.R. Bard, Inc. (Covington) – 1018233 PureWick Female External Catheter. Available at: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/detail.cfm?mdrfoi_id=11487622&pc=NZU#:~:text=It%20was%20reported%20that%20two,incontinence%2C%20shortly%20after%20becoming%20wet.
- FDA. MAUDE Adverse Event Report: C.R. Bard Inc. Purewick External Female Catheter; Collector, Urine, Powered, Non Indwelling Catheter. Available at: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/detail.cfm?mdrfoi_id=11071862&pc=NZU
- Golshani M, Tverye A, Bate T, Anger JT, Souders CP. Adverse Events Associated With Female External Urinary Collection Devices. *Urogynecology* (Phila). 2025;31(6):590-596. doi:10.1097/SPV.0000000000001656.
- McRae A, Kennelly, M. Outpatient PureWick™ female external catheter system performance: Healthy volunteer study. *Continence*. 2023; 7(10):100712. doi:10.1016/j.cont.2023.100712
- Newman DK. Complications & Adverse Events-External Urinary Catheters. *UroToday*. Bladder Health. April 2020. Accessed on June 10, 2025. Available at: <https://www.urotoday.com/library-resources/bladder-health/120650-complications-adverse-events-external-urinary-catheters.html>
- Noridian Medicare. 2024 HCPCS Code Update-January Edition-Correct Coding. 01/01/2024. Available at: <https://med.noridianmedicare.com/web/jadme/policies/dmd-articles/2024/2024-hcpcs-code-update-january-edition-correct-coding>.
- PDAC. PureWick Urine Collection System-Coding and Billing Instructions-Revised. Last updated 04/01/2024. Available at: <https://www.dmeprdac.com/palmetto/PDACv2.nsf/DID/UT1SAHNGCK>
- Pryor N, Wang J, Young J, et al. Clinical outcomes of female external urine wicking devices as alternatives to indwelling catheters: a systematic review and meta-analysis. *Infect Control Hosp Epidemiol*. Published online May 6, 2024. doi:10.1017/ice.2024.73
- UpToDate. Placement and management of urinary catheters in adults. Anthony J. Schaeffer MD. Literature review current through May 2025. Topic last updated December 04, 2024.

PUBLICATION HISTORY

Status	Date	Action Taken
Original publication	July 2025	Approved at the July 9, 2025 CHNCT Medical Reviewer meeting. Approved at the September 16, 2025 CHNCT Clinical Quality Subcommittee meeting. Approved by DSS on September 23, 2025.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.