

# Ostomy Supplies

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

Ostomy supplies greater than allowable or if indicated on The Health Plan DME POS Authorization and Compensation Guide require precertification.

<b>CMS National Coverage Policy</b>	None
<b>DME Region LCD Covers</b>	J- B/C
<b>Effective Date</b>	For services performed on or after 10/31/13
<b>Revision/Review Effective Date</b>	01/19, 10/18, 06/05/2018, 07/01/17, 06/01/16
<b>The Health Plan</b>	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.

## DESCRIPTION

Ostomy supplies are items used in the care and maintenance of a colostomy, ileostomy, or urostomy.

## COVERAGE GUIDELINES

The Health Plan considers ostomy supplies medically necessary items for members who have permanent or temporary colostomy or ileostomy.

Ostomy supplies are covered for use on members with a surgically created opening (stoma) to divert urine, or fecal contents outside the body. Ostomy supplies are appropriately used for colostomies, ileostomies), or urinary ostomies. Use for other conditions will be denied as noncovered.

**NONCOVERAGE STATEMENT**

- Skin moisturizers and lotion
- Ostomy pouch covers
- Catheter care kits - other than listed above
- Drainage bag holders/stands
- Diapers/pads
- Measuring containers
- A pouch cover should be coded A9270 and will be denied as a noncovered item.

Ostomy supplies are not separately payable when a member is in a covered home health episode. Ostomy supplies must be provided by the home health agency and payment is included in the home health contracted payment rate unless otherwise indicated in contract.

Claims for tape and adhesive (A4450, A4452, and A5120) that are billed without an AU modifier or another modifier indicating coverage under a different policy will be denied as noncovered.

Ostomy supplies are not covered for conditions not indicated in this policy.

**CODING INFORMATION**

**CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.**

**HCPCS MODIFIERS**

<b>AU</b>	ITEM FURNISHED IN CONJUNCTION WITH A UROLOGICAL, OSTOMY, OR TRACHEOSTOMY SUPPLY
<b>EY</b>	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE

**HCPSC CODES**

<b>A4331</b>	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH
<b>A4357</b>	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH
<b>A4361</b>	OSTOMY FACEPLATE, EACH
<b>A4362</b>	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT, EACH
<b>A4363</b>	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH
<b>A4364</b>	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ
<b>A4366</b>	OSTOMY VENT, ANY TYPE, EACH
<b>A4367</b>	OSTOMY BELT, EACH
<b>A4368</b>	OSTOMY FILTER, ANY TYPE, EACH
<b>A4369</b>	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ
<b>A4371</b>	OSTOMY SKIN BARRIER, POWDER, PER OZ
<b>A4372</b>	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH
<b>A4373</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH
<b>A4375</b>	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH
<b>A4376</b>	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH
<b>A4377</b>	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH
<b>A4378</b>	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH
<b>A4379</b>	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH
<b>A4380</b>	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH
<b>A4381</b>	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH
<b>A4382</b>	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH
<b>A4383</b>	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH
<b>A4384</b>	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH
<b>A4385</b>	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH
<b>A4387</b>	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH

<b>A4388</b>	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH
<b>A4389</b>	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH
<b>A4390</b>	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH
<b>A4391</b>	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH
<b>A4392</b>	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH
<b>A4393</b>	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH
<b>A4394</b>	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE
<b>A4395</b>	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET
<b>A4396</b>	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT
<b>A4397</b>	IRRIGATION SUPPLY; SLEEVE, EACH
<b>A4398</b>	OSTOMY IRRIGATION SUPPLY; BAG, EACH
<b>A4399</b>	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH
<b>A4402</b>	LUBRICANT, PER OUNCE
<b>A4404</b>	OSTOMY RING, EACH
<b>A4405</b>	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE
<b>A4406</b>	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE
<b>A4407</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH
<b>A4408</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH
<b>A4409</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH
<b>A4410</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH
<b>A4411</b>	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH
<b>A4412</b>	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH

<b>A4413</b>	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH
<b>A4414</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH
<b>A4415</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH
<b>A4416</b>	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH
<b>A4417</b>	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH
<b>A4418</b>	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH
<b>A4419</b>	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH
<b>A4420</b>	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH
<b>A4421</b>	OSTOMY SUPPLY; MISCELLANEOUS
<b>A4422</b>	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH
<b>A4423</b>	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH
<b>A4424</b>	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH
<b>A4425</b>	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH
<b>A4426</b>	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH.
<b>A4427</b>	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH
<b>A4428</b>	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH
<b>A4429</b>	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH
<b>A4430</b>	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH
<b>A4431</b>	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH

<b>A4432</b>	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH.
<b>A4433</b>	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH.
<b>A4434</b>	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH
<b>A4435</b>	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, W/EXTENDED WEAR BARRIER(1 PIECE SYSTEM) WITH OR W/O FILTER, EA
<b>A4450</b>	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
<b>A4452</b>	TAPE, WATERPROOF, PER 18 SQUARE INCHES
<b>A4455</b>	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE
<b>A4456</b>	ADHESIVE REMOVER , WIPES, ANY TYPE, EACH
<b>A5051</b>	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH
<b>A5052</b>	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH
<b>A5053</b>	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH
<b>A5054</b>	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH
<b>A5055</b>	STOMA CAP
<b>A5056</b>	OSTOMY POUCH, DRAINABLE, W/ EXTENDED WEAR BARRIER ATTACHED, W/FILTER,(1 PIECE),EACH
<b>A5057</b>	OSTOMY POUCH,DRAINABLE,W/ EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY,W/ FILTER,(1 PIECE),EACH
<b>A5061</b>	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH
<b>A5062</b>	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH
<b>A5063</b>	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH
<b>A5071</b>	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH
<b>A5072</b>	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH
<b>A5073</b>	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH
<b>A5081</b>	CONTINENT DEVICE; PLUG FOR CONTINENT STOM
<b>A5082</b>	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA
<b>A5083</b>	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA
<b>A5093</b>	OSTOMY ACCESSORY; CONVEX INSERT
<b>A5102</b>	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH

<b>A5120</b>	SKIN BARRIER, WIPES, OR SWABS, EACH
<b>A5121</b>	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH
<b>A5122</b>	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH
<b>A5126</b>	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD
<b>A5131</b>	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.
<b>A6216</b>	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
<b>A9270</b>	NON-COVERED ITEM OR SERVICE

**The presence of a diagnosis or ICD-10 code referenced in this policy is not sufficient by itself to assure coverage. Refer to coverage guidelines and documentation requirements sections for more information**

#### ICD-10 CODES

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33828&ContrID=140>

#### DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
  - a. Member's name
  - b. Date
  - c. Description of item. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification if the item requires precertification, or with the claim, if no precertification was required
  - d. Order must include diagnosis code
  - e. Physician signature with date. Date stamps are not appropriate
  - f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

**Note:** If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

**Note:** Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

The supplier must enter the ICD-10 diagnosis code for the ostomy on each claim submitted for ostomy supplies. If there is more than one ostomy, enter the appropriate codes.

#### COVERAGE OF OSTOMY SUPPLIES WHILE MEMBER IN PART A FACILITY

Reimbursement for ostomy supplies provided to a member while the member is covered in a Part A facility is based on specific contract information with the individual facility. Ostomy supplies are usually included in the per diem for all Part A facilities (hospitals, skilled facilities, rehabilitation facilities).

#### DISPENSING SUPPLIES

The quantity of ostomy supplies needed by a member is determined primarily by the type of ostomy, its location, its construction, and the condition of the skin surface surrounding the stoma. There will be variation according to individual member need and their needs may vary over time. The table below lists the maximum number of items/units of service that are usually medically necessary. The actual quantity needed for a particular member may be more or less than the amount listed depending on the factors that affect the frequency of barrier and pouch change.

Precertification is required when supplies used are greater than the usual maximum quantity listed in above. There must be adequate, clear documentation in the medical record corroborating the medical necessity of this amount. This documentation is to be submitted with precertification.

#### USUAL MAXIMUM QUANTITY OF SUPPLIES

Code	# Per Month		Code	# Per Month		Code	# Per Month
A4357	2		A4419	60		A5054	60
A4362	20		A4420	60		A5055	31
A4364	4		A4423	60		A5056	40
A4367	1		A4424	20		A5057	40



A4369	2		A4425	20		A5061	20
A4377	10		A4426	20		A5062	20
A4381	10		A4427	20		A5063	20
A4397	4		A4429	20		A5071	20
A4402	4		A4431	20		A5072	20
A4404	10		A4432	20		A5073	20
A4405	4		A4433	20		A5081	31
A4406	4		A4434	20		A5082	1
A4414	20		A4435	20		A5083	150
A4415	20		A4450	40		A5093	10
A4416	60		A4452	40		A5121	20
A4417	60		A5051	60		A5122	20
A4418	60		A5052	60		A5126	20
			A5053	60		A5131	1
						A6216	60

Code	# Per 6 Months		Code	# Per 6 Months		Code	# Per 6 Months
A4361	3		A4398	2		A4455	16
A4371	10		A4399	2		A5102	2
						A5120	150

Utilization above the current allowable quantities will not be reimbursed unless corroborated by medical record of the medical necessity of the quantity of supplies being used.

The Health Plan is following Medicare's guidelines for supplies provided on a reoccurring basis.

Provision of ostomy supplies should be limited to a one month supply for a member in a custodial nursing facility and a three month supply for a member at home.

Suppliers are not to automatically dispense supplies according to allowable limits without a request from the member or caregiver. Supplies are reordered based on the actual usage of each member. Supplies should not be shipped/delivered sooner than 10 days prior to end of usage. *Please refer to CMS Program Integrity Manual for more information.* (CMS Program Integrity Manual, Internet-Only Manual, CMS Pub. 100-8, Chapter 5, Section 5.2.6).

The DME supplier is responsible to monitor utilization of ostomy supplies.

**KX, GA, and GZ MODIFIERS**

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If the coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

**ADVANCED BENEFICIARY NOTICE**

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

**NOTE:** Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

**PRICING, DATA ANALYSIS, AND CODING (PDAC)**

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. [dmepdac.com/](http://dmepdac.com/)

For questions concerning proper coding of items, providers should contact the PDAC contractor for guidance on the correct coding of these items.

**MISCELLANEOUS**

Code A4400 (ostomy irrigation set) is not valid for claim submission. If an irrigation kit is supplied, the individual components should be billed using individual codes, A4397, A4398, and A4399.

Ostomy clamps (A4363) are used with drainable pouches and are not used with urinary pouches. Ostomy clamps are only payable when ordered as a replacement. Claims for ostomy clamps billed with ostomy pouches will be denied as not separately payable with ostomy pouches.

When codes A4450, A4452, and A5120 are used with ostomy supplies, they must be billed with the AU modifier. For this policy, codes A4450, A4452, and A5120 are the only codes for which the AU modifier may be used.

When a liquid barrier is necessary, either liquid, spray (A4369), individual wipes or swabs (A5120) are appropriate. The use of both is not medically necessary.

Members with continent stomas may use the following means to prevent/manage drainage: stoma cap (A5055), stoma plug (A5081), stoma absorptive cover (A5083), or gauze pads (A6216). No more than one of these types of supply would be medically necessary on a given day.

Members with urinary ostomies may use either a bag (A4357) or bottle (A5102) for drainage at night. It is not medically necessary to have both.

## MEDICARE DEFINITIONS AND DESCRIPTION

### BARRIERS

A solid barrier (wafer) is an interface between the skin and the pouching system, has measurable thickness, and has an adhesive property. Barriers may be integrated into a "one piece" pouch, they may be manufactured with a flange and be part of a "two piece" pouch system (skin barrier with flange, A4414), or they may be used independently (A4362), usually with a pouch that does not have its own integral skin barrier.

An extended wear barrier (A4409) is a pectin-based barrier with special additives which achieve a stronger adhesive seal, resist breakdown by urine or bowel effluent, permit longer wear times between changes, and normal wear times for those who cannot achieve them with standard barriers. There are distinct codes for extended wear compared to standard wear barriers.

A barrier with built-in convexity (A4407) is one in which an outward curve is usually achieved with plastic embedded in the barrier, allowing better protrusion of the stoma and adherence to the skin. There are distinct codes for barriers with built-in convexity compared to flat barriers.

Ostomy skin barriers greater than 4 x 4 in. (A4408) refer to the size of the skin barriers themselves, and not to the area of any surrounding tape.

A "high output" pouch (A4412, A4413, A4435) has a capacity of greater than or equal to 0.75 liters, is drainable with a large bore solid spout with cap or plug, and is either part of a two piece system (A4412, A4413) or a single piece system (A4435). **WV Medicaid allows 20 per rolling month.** 20 per month allowed for Medicare and Commercial and ASO plans without referral.

### FACEPLATES

A faceplate is a solid interface between the skin and the pouch. It is usually made of plastic, rubber or encased metal. It does not have an adhesive property and there is no pectin-based or karaya material that is an integral part of a faceplate. It can be taken off the skin and reattached repeatedly. It is secured by means of a separate adhesive and/or an elastic belt. The clips for attaching the belt are usually a part of the faceplate. There is no coding distinction between flat and convex faceplates.

The following table lists codes for faceplate systems. When supplying a pouch with faceplate attached (Column I) a claim may not be made for a component product from Column II provided at the same time.

Column I	Column II
<b>A4375</b>	A4361, A4377
<b>A4376</b>	A4361, A4378
<b>A4379</b>	A4361, A4381,A4382
<b>A4380</b>	A4361, A4383
<b>A4416</b>	A4366
<b>A4417</b>	A4366
<b>A4418</b>	A4366
<b>A4419</b>	A4366
<b>A4423</b>	A4366
<b>A4424</b>	A4366
<b>A4425</b>	A4366
<b>A4427</b>	A4366

#### MEDICARE DEFINITIONS: POUCHES

A pouch is a device for collecting stomal output. A pouch for collecting bowel effluent may be either "drainable" with an opening at the bottom through which the fecal contents are emptied, or "closed" with a sealed bottom and no outlet. A "urinary" pouch normally incorporates anti-reflux devices and a tap or spigot to empty the urine contents.

A pouch "with barrier attached" is one type of a "one piece" system in which a solid barrier is part of the pouch. There are distinct codes for one piece pouches with convex barriers and extended wear barriers (*see "barriers"*).

A pouch "without barrier attached" is a pouch with or without a thin adhesive coating that is applied either directly to the skin or to a separate barrier. It is also described as a "one piece" system.

A pouch, which is part of a "two piece" system, has a flange, which enables it to be coupled to a skin barrier with flange.

A pouch "with faceplate attached" or "for use on a faceplate" is generally rubber or heavy plastic. It is drainable, cleanable, and reusable for periods of weeks to months, depending on the product.

A "high output" pouch (A4412 and A4413) has a capacity of greater than or equal to 0.75 liters, is drainable with a large bore solid spout with cap or plug, and is part of a two piece system.

Codes for pouches with filters (A4416) describe pouches that have an opening which allows venting of trapped gas. They typically include materials such as charcoal to deodorize the vented gas. Code A4368 describes replacement filter material.

Code A4366 describes a separate ostomy vent that can be added by the member to a pouch to allow the release of gas. This code must not be used for pouches in which a vent with a filter is incorporated in the pouch by the manufacturer. Those products are described by the codes for ostomy pouches with a filter (A4416 - A4419, A4423 - A4425, and A4427).

Absorbent material (A4422) that is added to the ostomy pouch may come as sheets, pads, or crystals.

An ostomy pouch with faucet-type tap with valve (A4429) has a valve for draining urine.

A locking flange (A4420) is a lever type flange locking mechanism. It differs from simple push-on pouch securing mechanisms. The mechanism may be incorporated either in the pouch flange or skin barrier flange (two piece system).

#### **MEDICARE DEFINITIONS: PASTES**

A paste is used as a protective layer and sealant beneath ostomy appliances, and is applied directly on the skin. It may be primarily pectin based (A4406), or non-pectin based, e.g., karaya (A4405).

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#### **INTERNET LINKS AND SOURCES**

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