

Medical Policy



Ostomy Supplies

Description

Colostomy

The surgically created opening of the colon (large intestine) which results in a stoma. A colostomy is created when a portion of the colon or the rectum is removed, and the remaining colon is brought to the abdominal wall. It may further be defined by the portion of the colon involved and/or its permanence.

Ileostomy

A surgically created opening in the small intestine, usually at the end of the ileum. The intestine is brought through the abdominal wall to form a stoma. Ileostomies may be temporary or permanent and may involve removal of all or part of the entire colon.

Urostomy

This is a general term for a surgical procedure which diverts urine away from a diseased or defective bladder. The ileal or cecal conduit procedures are the most common urostomies. Either a section at the end of the small bowel (ileum) or at the beginning of the large intestine (cecum) is surgically removed and relocated as a passageway (conduit) for urine to pass from the kidneys to the outside of the body through a stoma. It may include removal of the diseased bladder.

Types of Pouching Systems

Pouching systems may include a one-piece or two-piece system. Both kinds include a skin barrier/wafer ("faceplate" in older terminology) and a collection pouch. The pouch (one-piece or two-piece) attaches to the abdomen by the skin barrier and is fitted over and around the stoma to collect the diverted output, either stool or urine. The barrier/wafer is designed to protect the skin from the stoma output and to be as neutral to the skin as possible.

Colostomy and Ileostomy Pouches

Can be either open-ended, requiring a closing device (traditionally a clamp or tail clip); or closed and sealed at the bottom. Open-ended pouches are called drainable and

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are left attached to the body while emptying. Closed end pouches are most commonly used by colostomates who can irrigate (see below) or by individuals who have regular elimination patterns. Closed end pouches are usually discarded after one use.

Two-Piece Systems

Allow changing pouches while leaving the barrier/wafer attached to the skin. The wafer/barrier is part of a "flange" unit. The pouches include a closing ring that attaches mechanically to a mating piece on the flange. A common connection mechanism consists of a pressure fit snap ring

One-Piece Systems

Consist of a skin barrier/wafer and pouch joined together as a single unit. Provide greater simplicity than two-piece systems but require changing the entire unit, including skin barrier, when the pouch is changed.

Both two-piece and one-piece pouches can be either **drainable** or **closed**.

Irrigation Systems

Some colostomates can "irrigate," using a procedure analogous to an enema. This is done to clean stool directly out of the colon through the stoma. This requires a special irrigation system, consisting of an irrigation bag with a connecting tube (or catheter), a stoma cone and an irrigation sleeve. A special lubricant is sometimes used on the stoma in preparation for irrigation. Following irrigation, some colostomates can use a stoma cap, a one- or two-piece system which simply covers and protects the stoma. This procedure is usually done to avoid the need to wear a pouch.

Urinary Pouching Systems

Urostomates can use either one- or two-piece systems. However, these systems also contain a special valve or spout which adapts to either a leg bag or to a night drain tube connecting to a special drainable bag or bottle.

There are also a number of pouch styles. For instance, there are flat wafers and convex

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shaped ones. There are fairly rigid and very flexible ones. There are barriers with and without adhesive backing and with and without a perimeter of tape. Some manufacturers have introduced drainable pouches with a built-in tail closure that does not require a separate clip.

Types of Accessories

Convex Inserts

Convex shaped plastic discs that are inserted inside the flange of specific two-piece products.

Ostomy Belts

Belts that wrap around the abdomen and attach to the loops found on certain pouches. Belts can also be used to help support the pouch or as an alternative to adhesives if skin problems develop. A belt may be helpful in maintaining an adequate seal when using a *convex* skin barrier.

Pouch Covers

Made with a cotton or cotton blend backing, easily fit over the pouch, and protect and comfort the skin. They are often used to cover the pouch during intimate occasions. Many pouches now include built-in cloth covers on one or both sides, reducing the need for separate pouch covers.

Skin Barrier Liquid/Wipes/Powder

Wipes and powder help protect the skin under the wafer and around the stoma from irritation caused by digestive products or adhesives. They also aid in adhesion of the wafer.

Skin Barrier Paste

Paste that can be used to fill in folds, crevices or other shape or surface irregularities of the abdominal wall behind the wafer, thereby creating a better seal. Paste is used as a "caulking" material; it is **not** an adhesive.

Tapes

Tapes are sometimes used to help support the wafer or flange (faceplate) and for waterproofing. They are available in a wide range of materials to meet the needs of different skin sensitivities.

Adhesive Remover

Adhesive remover may be helpful in cleaning the adhesive that might stick to the skin after removing the wafer or tape, or from other adhesives.

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Ostomy supplies are considered **medically necessary** for Members with a colostomy, ileostomy or urostomy.

Policy Guidelines

Medicare Member Coverage Criteria:

Refer to Medicare’s medical policy (L33828) and article (A52487) for coverage criteria.

Non-Medicare Member Coverage Criteria:

Coverage Criteria:

1. Must be ordered by the Member’s treating practitioner.

Limitations:

1. The quantity of ostomy supplies needed by a member is determined to a great extent 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 needs and their needs may vary over time. The table below lists the maximum number of items/units of service that are usually reasonable and 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. The medical necessity for use of a greater quantity of supplies than the amounts listed must be clearly documented in the Member’s medical record and may be requested. If adequate documentation is not provided when requested, the excess quantities will be denied as not medically necessary.

Note: The number listed in the table refers to the number of units. For example, for A5119, 3 per six months represent 150 wipes or swabs since the unit of service for A5119 is 50 wipes or swabs.

USUAL MAXIMUM QUANTITY OF SUPPLIES:

HCPCS Procedure	Medicaid Allowable	Commercial/Medicare
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Code	Quantity Per Month	Quantity Per Month
A4357	3	2
A4362	20	20
A4364	4	4
A4367	1	1
A4369	2	2
A4377	20	10
A4381	20	10
A4402	18	4
A4404	10	10
A4405	4	4
A4406	4	4
A4414	20	20
A4415	20	20
A4416	60	60
A4417	60	60
A4418	60	60
A4419	60	60
A4420	60	60
A4423	60	60
A4424	20	20
A4425	20	20
A4426	20	20
A4427	20	20
A4429	20	20
A4431	20	20
A4432	20	20
A4433	20	20
A4434	20	20
A4436	1	1
A4437	1	1
A4450	40	40
A4452	40	40
A5051	60	60
A5052	60	60
A5053	60	60
A5054	60	60
A5055	31	31
A5056	31	31

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A5057	31	31
A5061	20	20
A5062	20	20
A5063	20	20
A5071	20	20
A5072	20	20
A5073	20	20
A5081	31	31
A5082	20	1
A5083	60	150
A5093	20	10
A5121	20	20
A5122	20	20
A5126	20	20
A5131	1	1
A6216	200	60

HCPCS Procedure Code	Medicaid Allowable Quantity Every 6 Months	Commercial/Medicare Quantity Every 6 Months
A4361	10	3
A4371	10	10
A4398	2	2
A4399	2	2
A4455	16	16
A5102	1	2
A5120	150	150

2. Provision of ostomy supplies should be limited to a one-month supply for Members at home.
3. When a liquid barrier is necessary, either liquid or spray (A4369) or individual wipes or swabs (A5120) are appropriate. The use of both is not medically necessary.
4. Members with continent stomas may use the following means to prevent/manage drainage: stoma cap (A5055), stoma plug (A5081), gauze pads (A6216) or stoma

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absorptive cover (A5083) No more than one type of supply would be medically necessary on a given day.

5. 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.

Exclusions:

1. 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 (Reference Diagnosis Codes that Support Medical Necessity). Use for other conditions will be denied as non-covered.
2. A pouch cover should be coded A9270 and is considered not reasonable and necessary.
3. Sterile water and saline are not reasonable and necessary for ostomy irrigation.

Diagnosis Codes that Support Medical Necessity

ICD-10 Code	Description
K94.00	Colostomy complication, unspecified
K94.03	Colostomy malfunction
K94.10	Enterostomy complication, unspecified
K94.13	Enterostomy malfunction
Z43.2	Encounter for attention to ileostomy
Z43.3	Encounter for attention to colostomy
Z43.6	Encounter for attention to other artificial openings of urinary tract
Z93.2	Ileostomy status
Z93.3	Colostomy status
Z93.6	Other artificial openings of urinary tract status

HCPCS Level II Codes and Description

A4331 EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR

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UROSTOMY POUCH, EACH

A4357 BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH

A4361 OSTOMY FACEPLATE, EACH

A4362 SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH

A4363 OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH

A4364 ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ

A4366 OSTOMY VENT, ANY TYPE, EACH

A4367 OSTOMY BELT, EACH

A4368 OSTOMY FILTER, ANY TYPE, EACH

A4369 OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ

A4371 OSTOMY SKIN BARRIER, POWDER, PER OZ

A4372 OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH

A4373 OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH

A4375 OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH

A4376 OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH

A4377 OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH

A4378 OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH

A4379 OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH

A4380 OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH

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A4381 OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH

A4382 OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH

A4383 OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH

A4384 OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH

A4385 OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH

A4387 OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH

A4388 OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH

A4389 OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH

A4390 OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH

A4391 OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH

A4392 OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH

A4393 OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH

A4394 OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE

A4395 OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET

A4396 OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT

A4398 OSTOMY IRRIGATION SUPPLY; BAG, EACH

A4399 OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING

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BRUSH

A4402 LUBRICANT, PER OUNCE

A4404 OSTOMY RING, EACH

A4405 OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE

A4406 OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE

A4407 OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH

A4408 OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH

A4409 OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH

A4410 OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH

A4411 OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH

A4412 OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH

A4413 OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH

A4414 OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH

A4415 OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH

A4416 OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH

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A4417 OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH

A4418 OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH

A4419 OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH

A4420 OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH

A4421 OSTOMY SUPPLY; MISCELLANEOUS

A4422 OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH

A4423 OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH

A4424 OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH

A4425 OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH

A4426 OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH

A4427 OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH

A4428 OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH

A4429 OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH

A4430 OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH.

A4431 OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH

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	FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH
A4436	IRRIGATION SUPPLY; SLEEVE, REUSABLE, PER MONTH
A4437	IRRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH
A5055	STOMA CAP
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE),

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A5072 OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH

A5073 OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH

A5081 CONTINENT DEVICE; PLUG FOR CONTINENT STOMA

A5082 CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA

A5083 CONTINENT DEVICE; STOMA ABSORPTIVE COVER

A5093 OSTOMY ACCESSORY; CONVEX INSERT

A5102 BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH

A5120 SKIN BARRIER, WIPES OR SWABS, EACH

A5121 SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH

A5122 SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH

A5126 ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD

A5131 APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.

A6216 GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING

Continued Medical Need

For all DMEPOS items, the initial justification for medical need is established at the time the item(s) is first ordered, therefore, member medical records demonstrating that the item is reasonable and necessary are created just prior to, or at the time of, the creation of the initial prescription. Once initial medical need is established, ongoing need for ostomy supplies is assumed to be met.

Coding Guidelines

BARRIERS:

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A solid barrier (wafer) is an interface between the Member's skin and the pouching system, has measurable thickness and has an adhesive property. Barriers may be integrated into a "1 piece" pouch, they may be manufactured with a flange and be part of a "2 piece" pouch system (skin barrier with flange, e.g., A4414), or they may be used independently (e.g., A4362), usually with a pouch that does not have its own integral skin barrier. An extended wear barrier (e.g., 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 (e.g. 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 4x4 inches (e.g., A4408,) refer to the size of the skin barriers themselves, and not to the area of any surrounding tape.

FACEPLATES:

A faceplate is a solid interface between the Member's 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 held on 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.

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 "1 piece" system in which a solid barrier is part of the pouch. There are distinct codes for 1-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

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is applied either directly to the skin or to a separate barrier. It is also described as a "1 piece" system.

A pouch, which is part of a "2 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, 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 2 piece system.

Codes for pouches with filters (e.g., 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, A4417, A4418, A4419, A4423, A4424, A4425, 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 (e.g., A4429) has a valve for draining urine.

A locking flange (e.g., 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 (2-piece system).

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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Code A4436 (irrigation supply; sleeve, reusable, per month) describes an ostomy accessory that is secured around the stoma using a belt or by locking onto a faceplate that is attached to the peristomal skin. They are typically used for a week or more, cleaned and dried between irrigations, before finally being discarded.

Code A4437 (irrigation supply; sleeve, disposable, per month) describes an ostomy accessory that is applied directly onto the peristomal skin and is discarded after each irrigation due to inability to re-adhere to the skin surface.

Codes A4436 (irrigation supply; sleeve, reusable, per month) and A4437 (irrigation supply; sleeve, disposable, per month) describe a monthly supply allowance for irrigation sleeves. No more than 1 unit of service is billable per thirty (30) days.

Code A4400 (Ostomy irrigation set), for an irrigation kit, is not valid for submitted claims. If an irrigation kit is supplied, the individual components should be billed using individual codes 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.

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
A4375	A4361, A4377
A4376	A4361, A4378
A4379	A4361, A4381, A4382
A4380	A4361, A4383
A4416	A4366
A4417	A4366
A4418	A4366
A4419	A4366
A4423	A4366
A4424	A4366
A4425	A4366

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A4427	A4366
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Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded, or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011. Accessed/reviewed December 2, 2022.

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Ostomy Supplies

CGS Administrators, LLC. Jurisdiction B DME MAC, Ostomy Supplies. Local Coverage Determination No. L33828; Last accessed/reviewed December 6, 2023.

Noridian Healthcare Solutions, LLC. Ostomy Supplies. Local Coverage Determination No. L33828. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised January 1, 2021. Last accessed/reviewed December 2, 2022.

SPECIAL COVERAGE INFORMATION PER PLAN:

Health New England (Medicaid and Commercial Plans – Pediatrics Only – up to age 21 years)	<p>For (A4458) Enema Bag with Tubing:</p> <p>Description: Cecostomy tube, Appendicostomy tube, Sigmoidostomy tube, Button G-tube/ gastrostomy tube</p> <p>Indication: Severe constipation or Encopresis often associated with spina bifida (neuro tube defects), spinal cord injuries, anorectal malformations and Hirschsprung’s disease.</p> <p>Exceptions: Used for Antegrade Continent Enema (ACE) or Malone Antegrade Continent Enema (MACE)</p> <p>Initial Fulfillment: 3each (initial insertion, home, and school)</p> <p>Maintenance Requests: Up to 1 each, every 4 months</p> <p>*****</p> <p>Description: Kangaroo feeding bag</p> <p>Initial Fulfillment: 1 each</p> <p>Maintenance Requests: Up to 1 each, every 4 months</p> <p>*****</p>
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	<p>Description: Chait tube</p> <p>Initial Fulfillment: 1 each</p> <p>Maintenance Requests: Up to 1 each per year</p> <p style="text-align: center;">*****</p> <p>Description: Chait tube connector</p> <p>Initial Fulfillment: 1 each</p> <p>Maintenance Requests: Up to 1 each, every 4 months.</p>
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01	Jan.2007	Revised HCPCS Code A4394	Susan Glomb	Ken Fasse		
02	Jan.2008	HCPCS Code A5083 added with 60ct. quantity maximum/mo.	Susan Glomb	Ken Fasse		
03		Annual Review / no changes	Susan Glomb	Ken Fasse	Dec.2008	
04	Jan.2009	Usual max.qty.for A5083 changed to 150. Added 569.60-colostomy and enterostomy complication, unspecified.	Susan Glomb	Ken Fasse		

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05	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009	
06	01-05-10	Added code A4456, Adhesive remover, wipes, any type, each. Discontinued code: A4365 Adhesive remover, wipes, any type, per 50	Susan Glomb	Ken Fasse		
07	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
08	4-22-11	Policy updated to add Medicaid allowable	Susan Glomb	Dr. Almasri		
09	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
10	11-18-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
11	11-29-12	New Codes added to policy with quantity limits. A5056 and A5057.	Susan Glomb	Dr. B. Almasri		
12	12-03-12	Annual review – no further changes.	Susan Glomb	Dr. B. Almasri	Dec. 2012	
13	12-30-13	Annual review. Added Code A4435. High output one-piece system. No quantity established in LCD.	Susan Glomb	Dr. B. Almasri		
14	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
15	12-14-15	Annual Review. Updated diagnosis codes to ICD-10 and Medicare reference.	Lisa Wojno	Dr. B. Almasri		
16	12-06-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	

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17	12-19-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017	
18	12-12-18	Annual review. Medicare references updated.	Carol Dimech	Dr. C. Lerchin	December 2018	
19	12-18-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
20	6-24-20	Added HNE Peds box for code (A4458) description, indications, and quantities.	Carol Dimech	Dr. C. Lerchin	June 2020	June 24, 2020
21	12-10-20	Annual review. Per CMS, revised “ordering physician” to “treating practitioner”; revised format of HCPCS code references, from code spans to individually-listed HCPCS; added verbiage regarding continued medical need.	Carol Dimech	Dr. C. Lerchin	December 10, 2020	December 10, 2020
22	2-11-21	Revised “USUAL MAXIMUM QUANTITY OF SUPPLIES” grid title for clarity.	Carol Dimech	Dr. C. Lerchin	February 11, 2021	February 11, 2021
23	12-7-21	Annual review. Added NCD, LCD verbiage to “Important Note”.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	December 7, 2021	December 7, 2021
24	12-2-22	Annual review. Removed HCPCS code A4397 and added A4436 and A4437.	Lisa Wojno	Dr. C. Lerchin	December 2, 2022	December 2022
25	12-6-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 6, 2023	December 6, 2023