

LCD for Ostomy Supplies (L11502)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L11502

LCD Title

Ostomy Supplies

Contractor's Determination Number

OSTY

AMA CPT / ADA CDT Copyright Statement

CPT codes, descriptions and other data only are copyright 2009 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. ©2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CMS National Coverage Policy

None

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date

Revision Effective Date

For services performed on or after 01/01/2010

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare 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.

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

The quantity of ostomy supplies needed by a patient 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 patient 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 patient 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 patient's medical record and must be available upon request. If adequate documentation is not provided when requested, the excess quantities will be denied as not medically necessary.

LCD Information

USUAL MAXIMUM QUANTITY OF SUPPLIES:

Code	# per Month
A4357	2
A4362	20
A4364	4
A4367	1
A4369	2
A4377	10
A4381	10
A4397	4
A4402	4
A4404	10
A4405	4
A4406	4
A4414	20
A4415	20
A4416	60
A4417	60
A4418	60
A4419	60
A4420	60
A4423	60
A4424	20
A4425	20
A4426	20
A4427	20
A4429	20
A4431	20
A4432	20
A4433	20
A4434	20
A4450	40
A4452	40
A5051	60
A5052	60
A5053	60
A5054	60
A5055	31
A5061	20
A5062	20
A5063	20

LCD Information

A5071	20
A5072	20
A5073	20
A5081	31
A5082	1
A5083	150
A5093	10
A5121	20
A5122	20
A5126	20
A5131	1
A6216	60

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

Provision of ostomy supplies should be limited to a one-month supply for a patient in a nursing facility and a 3-month supply for a patient at home.

A supplier must not dispense more than a 3-month quantity of supplies and accessories at a time. The beneficiary or caregiver must specifically request new items before they are dispensed. The supplier must not automatically dispense a quantity of items on a predetermined regular basis, even if the beneficiary has "authorized" this in advance. As referenced in the Program Integrity Manual (Internet-Only Manual, CMS Pub. 100-8, Chapter 4.26.1) "Contact with the beneficiary or designee regarding refills should take place no sooner than approximately 7 days prior to the delivery/shipping date. For subsequent deliveries of refills, the supplier should deliver the DMEPOS product no sooner than approximately 5 days prior to the end of usage for the current product."

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

Patients 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.

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

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

AU - Item furnished in conjunction with a urological, ostomy or tracheostomy supply

EY - No physician or other licensed health care provider order for this item or service

HCPCS CODES:

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

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

Coding Information

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
- A4397 IRRIGATION SUPPLY; SLEEVE, EACH
- A4398 OSTOMY IRRIGATION SUPPLY; BAG, EACH
- A4399 OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING 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

Coding Information

BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH

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

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 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

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

Coding Information

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), EACH
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 FOR CONTINENT STOMA
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
A9270	NON-COVERED ITEM OR SERVICE

ICD-9 Codes that Support Medical Necessity

For ICD-9 codes relating to statutory coverage, see Policy Article.

Diagnoses that Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not specified

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include 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 upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and be available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

The order must include the type(s) of supplies ordered and the approximate quantity to be used per unit of time. 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 must enter the ICD-9 diagnosis code for the ostomy on each claim submitted for ostomy supplies. If there is more than one ostomy, enter the appropriate codes.

When supplies used are greater than the usual maximum quantity listed in the Indications and Limitations of Coverage and/or Medical Necessity section, there must be adequate, clear documentation in the patient's medical records corroborating the medical necessity of this amount. Copies of the patient's medical records that corroborate the order and any additional documentation that pertains to the medical necessity of the items and quantities billed, must be available upon request.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Reserved for future use.

Advisory Committee Meeting Notes

Start Date of Comment Period

04/30/1993

End Date of Comment Period

06/14/1993

General Information

Start Date of Notice Period

08/01/1993

Revision History Number

OSTY016

Revision History Explanation

Revision Effective Date: 01/01/2010

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Requirements concerning request for refill.

HCPCS CODES AND MODIFIERS:

Deleted: A4365

Added: A4456

Revision Effective Date: 01/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Revised: Usual maximum quantity for A5083.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11502 from DME PSC TriCenturion (77011) LCD L11502.

Revision Effective Date: 01/01/2008

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Usual maximum quantity for A5083.

HCPCS CODES AND MODIFIERS:

Added: A5083

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: References to the DMERC.

HCPCS CODES AND MODIFIERS:

Revised: A4394

DOCUMENTATION REQUIREMENTS:

Removed: References to the DMERC.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

INDICATIONS AND LIMITATION OF COVERAGE AND/OR MEDICAL NECESSITY

Removed: Deleted HCPCS code A5119 from 6 month Usual Maximum Amount and Added: New HCPCS code A5120 to Usual Maximum Amount array.

HCPCS CODES & MODIFIERS:

Added: HCPCS Codes A4363, A4411, A4412 and A5120

Deleted: HCPCS Code A5119

Changed: Verbiage for HCPCS Code A4372.

General Information

Revision Effective Date: 04/01/2005

LMRP converted to LCD and Policy Article.

HCPCS CODES & MODIFIERS:

Revised: A5119

INDICATIONS AND LIMITATIONS OF COVERAGE:

A5119 verbiage change incorporated into example of code amount.

DOCUMENTATION REQUIREMENTS:

Deleted: The requirement for the ICD-9 or narrative to be on the initial order.

Revision Effective Date: 04/01/2004

HCPCS CODES and MODIFIERS:

Added: A4366, A4416, A4417, A4418, A4419, A4420, A4423, A4424, A4425, A4426, A4427, A4428, A4429, A4430, A4431, A4432, A4433, A4434

Deleted: K0581, K0582, K0583, K0584, K0585, K0586, K0587, K0588, K0589, K0590, K0591, K0592, K0593, K0594, K0595, K0596, K0597

INDICATIONS AND LIMITATIONS OF COVERAGE:

Updated: Usual Maximum Quantity of Supplies with the following codes: A4416, A4417, A4418, A4419, A4420, A4423, A4424, A4425, A4426, A4427, A4429, A4431, A4432, A4433, A4434 and A5061

CODING GUIDELINES:

Referenced: New A4420 code.

Added: A4416-A4419, A4423-A4425, and A4427 to the unbundling list.

Added: Definition to A4366.

Revision Effective Date: 10/01/2003

INDICATIONS AND LIMITATIONS OF COVERAGE:

Changed: Denial from not medically necessary to noncovered when supplies are used for other conditions rather than on a surgically created opening to divert urine, or fecal contents outside the body.

Revision Effective Date: 07/01/03

DOCUMENTATION REQUIREMENTS:

Included: The requirement to accept either ICD-9 or narrative.

Revision Effective Date: 04/01/03

HCPCS CODES AND MODIFIERS:

Added: AU and EY modifier, A4368, A4405, A4406, A4407, A4408, A4409, A4410, A4413, A4414, A4415, A4422, A4450, A4452, K0581, K0582, K0583, K0584, K0585, K0586, K0587, K0588, K0589, K0590, K0591, K0592, K0593, K0594, K0595, K0596, K0597

Reinstated: A4368 A5061

Discontinued: K0561, K0562, K0563, K0564, K0565, K0566, K0567, K0568, K0569, K0570, K0571, K0572, K0573, K0574, K0575, K0576, K0577, K0578, K0579, K0580

Revised: A4372, A4373, A4387, A4388, A4389, A4391, A5051, A5052, A5053, A5054, A5061, A5062, A5063, A5071, A5072, A5073

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Standard language concerning coverage of items without an order.

Added verbiage regarding billing for excess quantity utilization.

Updated: Usual Maximum Quantity of Supplies table to reflect HCPCS code changes.

Removed: References to the add-on feature HCPCS codes within the policy.

Updated: Unbundling table, and Maximum Quantity table to reflect HCPCS code changes.

CODING GUIDELINES:

Added: Instructions for using AU modifier with tape codes (A4450 and A4452).

Added: Definitions to this section of policy.

DOCUMENTATION REQUIREMENTS:

Added: Standard language concerning use of EY modifier for items without an order.

Added: Verbiage regarding excess quantity utilization requirement.

General Information

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

07/01/2002 - Added codes K0561-K0580. HCPCS codes A4368, A4370, A4374, A4386, A5061, A5123, A6265 become invalid for DMERC submission. Definitions expanded to include new code features. Specific diagnoses for certain products removed from policy. Billing instructions included in coverage and payment rules when using K0561-K0580. Usual Maximum Quantity of Supplies table updated and crosswalked to appropriate new codes.

10/01/2001 - Revisions included updates to HCPCS codes since the policy's last publication, definitional changes to help with clarity and inclusion of material from various previously published bulletins.

06/01/1997 – No revision – reprinted due to page format.

12/01/1996 – HCPCS codes updated (various). Revised Definitions sections.

04/01/1996 – Revised usual maximum medically necessary for A4399 from 1 to 2 per every 6 months. Added statement that a brush is included in irrigation supplies and should not be billed separately.

10/01/1995 - Added HCPCS codes K0265, K0277, K0278, and K0280.

06/01/1994 – Added ICD-9 codes for codes A5051-A5054 and A5061-A5065; added ICD-9 code for codes A5071-A5075 in Coverage and Payment Rules section.

12/01/1993 – Added HCPCS codes XX006-XX008.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A25313 - Ostomy Supplies - Policy Article - Effective January 2010](#)

LCD Attachments

There are no attachments for this LCD

Article for Ostomy Supplies - Policy Article - Effective January 2010 (A25313)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A25313

Article Type

Article

Key Article

Yes

Article Title

Ostomy Supplies - Policy Article - Effective January 2010

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

04/01/2005

Article Information

Article Revision Effective Date

01/01/2010

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

Ostomy supplies are covered for use on patients with a surgically created opening (stoma) to divert urine, or fecal contents outside the body. Ostomy supplies are appropriately used for colostomies (569.60, 569.62, V44.3, V55.3), ileostomies (V44.2, V55.2) or urinary ostomies (V44.6, V55.6.) Use for other conditions will be denied as noncovered.

A pouch cover should be coded A9270 and will be denied as a noncovered item.

Ostomy supplies are not separately payable when a patient 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 Medicare payment rate. It is not appropriate to bill these to the DME MAC.

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

CODING GUIDELINES

BARRIERS:

A solid barrier (wafer) is an interface between the patient'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 patient'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 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.

Article Information

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
A4427	A4366

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 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 patient 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, 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-

Article Information

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).

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.

Suppliers should contact the Pricing, Data Analysis, Coding (PDAC) contractor for guidance on the correct coding of these items.

Coding Information

ICD-9 Codes that are Covered

The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the Non-Medical Necessity Coverage and Payment Rules section for other coverage criteria and payment information.

CODES:

569.60	COLOSTOMY AND ENTEROSTOMY COMPLICATION UNSPECIFIED
569.62	MECHANICAL COMPLICATION OF COLOSTOMY AND ENTEROSTOMY
V44.2	ILEOSTOMY STATUS
V44.3	COLOSTOMY STATUS
V44.6	STATUS OF OTHER ARTIFICIAL OPENING OF URINARY TRACT
V55.2	ATTENTION TO ILEOSTOMY
V55.3	ATTENTION TO COLOSTOMY
V55.6	ATTENTION TO OTHER ARTIFICIAL OPENING OF URINARY TRACT

ICD-9 Codes that are Not Covered

For all HCPCS codes except A4331, A4364, A4402, A4450, A4452, A4455, A4456, A5102, A5120. All ICD-9 codes that are not specified in the previous section.

No Coding Information has been entered in this section of the article.

Other Information

Other Comments

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A25313 from DME PSC TriCenturion (77011) Article A25313.

Revision History Explanation

Revision Effective Date: 01/01/2010

CODING GUIDELINES:

Relocated: Faceplate Column I Column II table.

ICD-9 CODES THAT ARE NOT COVERED:

Deleted: A4365

Added: A4456

Revision Effective Date: 01/01/2009

NON-MEDICAL NECESSITY AND PAYMENT RULES:

Added: 569.60

CODING GUIDELINES:

Changed: References from SADMERC to PDAC.

ICD-9 CODES:

Added: 569.60

Revision Effective Date: 01/01/2008 - July 2008 Publication

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: A5120 to the list that requires use of the AU modifier for payment.

Revision Effective Date: 01/01/2008 - March 2008 Publication

Removed: DMERC references.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

CODING GUIDELINES:

Added: HCPCS code A4412 to the statement regarding high output ostomy pouches and revised definition.

Added: Statement regarding the billing of ostomy clamps with ostomy pouches and urinary pouches.

ICD-9 CODES THAT ARE NOT COVERED:

Removed: Deleted HCPCS code A5119 from array and added A5120 to array.

Revision Effective Date: 04/01/2005

LMRP converted to LCD and Policy Article.

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: ICD-9 code 569.62.

CODING GUIDELINES:

Added: Home Health Payment Rules.

ICD-9 CODES:

Added: ICD-9 code 569.62.

Other Information

Related Documents

LCD(s)

[L11502 - Ostomy Supplies](#)