

# General Medicare guidelines for ostomy care



## ***In this article:***

- Hospital and doctors' fees
- Ostomy supply coverage
- Number of supplies covered
- General Medicare guidelines

**A**s you may know, Medicare is a federal insurance program. It covers people over age 65 and younger people (under age 65) who have certain disabilities. If you have Medicare insurance, here is some general information about ostomy-related coverage. You will always have a need for regular doctors' visits for ostomy supplies, and it's helpful to know what is covered by your Medicare insurance.

## **Hospital and doctors' fees**

Everyone\* over age 65 is entitled to Medicare Part A coverage. Part A is hospital insurance coverage. It covers hospital inpatient care and care in skilled nursing homes (but not long-term care). It also covers some home healthcare and hospice care. You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes for at least 10 years while working.

Doctors' fees and outpatient care would fall under Medicare Part B, which is optional coverage. People who choose to receive Medicare Part B pay a monthly amount, or monthly premium, to get this insurance coverage. Part B helps cover eligible doctors' visits, lab tests and outpatient care. It also helps pay for supplies, including ostomy supplies, when they are medically necessary. After you pay the Part B deductible for the year, Medicare pays for 80% of the Medicare approved charges for your doctors' visits and supplies. You pay the other 20%. (Individuals may separately buy a supplemental insurance policy to help pay for this 20% of costs.)

## **Ostomy supply coverage**

If you have Medicare Part B coverage, then your ostomy supplies are covered. (As noted above, Medicare pays 80% and you pay 20%.) You must have a prescription,

signed and dated by your doctor, on file with your supplier. It is important to make sure that your supplier is enrolled in Medicare and has a Medicare supplier number. Otherwise your claim will not be paid by Medicare.

Before you order your ostomy supplies, ask the supplier if it is a participating supplier in the Medicare program. Participating suppliers must accept assignment. "Accept assignment" is a term that means the supplier agrees to accept the Medicare approved amount. If your supplier accepts assignment, it can save you money. If your supplier does not accept assignment, you may have to pay for the entire bill, and then seek reimbursement from Medicare on your own.

## **Number of supplies covered<sup>1</sup>**

Medicare covers items that are usually thought to be medically necessary. The table below shows the maximum number of items that are usually medically necessary for some common ostomy products.

**Questions?** Please call your Coloplast Care Advisor if you have any questions at **1-877-858-2656**.

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## Number of supplies covered

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HCPCS <sup>†</sup>	Description	Usual Maximum <sup>1</sup>
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	20 each / month
A4367	Ostomy belt	1 each / month
A4368	Ostomy pouch filter	* no maximum listed
A4369	Ostomy skin barrier, liquid, per ounce	2 ounces / month
A4371	Skin barrier, powder, per ounce	10 ounces / 6 months
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	* no maximum listed
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	* no maximum listed
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	* no maximum listed
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	* no maximum listed
A4394	Ostomy deodorant per ounce	* no maximum listed
A4396	Ostomy belt with peristomal hernia support	* no maximum listed
A4405	Ostomy paste (non-pectin based)	4 ounces / month
A4406	Ostomy paste (pectin based)	4 ounces / month
A4407	Skin barrier with flange, extended wear, convex (4x4 inches or smaller)	** no maximum listed
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	** no maximum listed
A4411	Two-piece ostomy solid skin barrier, extended wear, convex	** no maximum listed
A4412	Two-piece high output ostomy drainable pouch without filter	** no maximum listed
A4413	Two-piece high output ostomy drainable pouch with filter	** no maximum listed
A4414	Skin barrier with flange, standard wear (4x4 inches or smaller)	20 each / month
A4415	Ostomy standard wear skin barrier greater than 4x4 inches	20 each / month
A4416	Ostomy closed end pouch with filter	60 each / month
A4417	Ostomy closed end pouch with barrier, convex, filter, one-piece	60 each / month
A4419	Ostomy closed end pouch with filter for non-locking system	60 each / month
A4423	Ostomy closed end pouch for locking system, with filter	60 each / month
A4424	Ostomy drainable pouch with barrier, filter, one-piece	20 each / month
A4425	Ostomy drainable pouch for non-locking system, with filter	20 each / month
A4426	Ostomy drainable pouch for locking system, non-filter	20 each / month
A4427	Ostomy drainable pouch for locking system, with filter	20 each / month
A4455	Adhesive remover or solvent, per ounce	16 ounces /6 months
A4456	Adhesive remover, wipes	* no maximum listed
A5055	Stoma cap	31 each / month
A5056	Ostomy drainable pouch with extended wear barrier, with filter, one-piece	40 each / month
A5057	Ostomy drainable pouch with extended wear barrier, convex, filter, one-piece	40 each / month
A5061	Ostomy drainable pouch with barrier attached; one-piece	20 each / month
A5063	Ostomy drainable pouch with flange (2 piece), non-filter	20 each / month
A5120	Skin barrier wipes or swab, each	150 each / 6 months
A5121	Skin barrier; solid, 6x6 or equivalent, each***	20 each /month
A5122	Skin barrier; solid, 8x8 or equivalent, each	20 each /month

\* Medicare has not set a maximum number of supplies for this HCPCS code. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33828&>

\*\* Elastic Barrier Strips - Curved or Straight: 40 strips/month

\*\*\* Elastic Barrier Strips - Y-shape or XL: 60 strips/month

† **Reimbursement Disclaimer:** Coloplast Corp. provides this information for your general reference and related to the reimbursement of Coloplast products only. Reimbursement, coverage and payment policies can vary from one insurer and region to another, and may change over time. Coloplast does not guarantee coverage or payment of products.

1. Reference for all products unless otherwise cited: Centers for Medicare & Medicaid Services. Ostomy Supplies (Local Coverage Determination L33828), CMS Medicare Coverage Database. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33828&ContriD=140>