

General Medicare guidelines for urostomy care



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As you may know, Medicare is a federal insurance program. It covers people over age 65 and those who are younger (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 health care 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%). Medicare Part B covers ostomy

supplies if you meet all medically necessary requirements. First, you must have a prescription, signed and dated by your doctor, on file with your supplier. It is important to update your physician with any changes in your condition and see him or her for regular visits. This allows your physician to keep current documentation for your specific needs.

Before you order your ostomy supplies, ask the supplier if it is a participating supplier in the Medicare program. It is helpful to know whether you have a traditional Medicare fee for service plan or if you have opted to go through a private payer for a Medicare replacement plan. Ask the supplier if they accept your insurance and are contracted as a participating supplier. Participating suppliers must accept assignment. "Accept assignment" is a term that means the supplier agrees to accept the insurance payer's contracted rate. If your supplier accepts assignment, you will only be responsible for your deductible, co-pay, or coinsurance if the claim pays. If your supplier does not accept assignment, you may have to pay for the entire bill, while the supplier submits your claim and you wait for Medicare's payment. Note that this will be less than what you paid upfront. In the event that your supplies are not paid by the insurance payer and you receive the bill, reach

* Those covered under Medicare are all U.S. citizens and lawfully admitted noncitizens who have lived here for at least five years.

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out to the supplier for more information. In the case of a denial, ask them if they will appeal on your behalf. You will also receive an explanation of benefits (EOB) from the payer. The explanation of benefits explains how your benefits have been applied to the claim and who is responsible.

Number of supplies covered

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**.

HCPCS ¹	Description	Usual Maximum
A4357	Bedside drainage bag	2 each / month
A4362	Solid skin barrier 4x4 inches	20 each / month
A4367	Ostomy belt	1 each / month
A4369	Skin barrier, liquid, per ounce	2 ounces / month
A4371	Skin barrier, powder, per ounce	10 ounces / 6 months
A4373	Skin barrier with flange, convex	** no maximum listed
A4391	1pc urostomy pouch with extended wear barrier	** no maximum listed
A4393	1pc urostomy pouch with extended wear barrier, convex	** no maximum listed
A4396	Ostomy belt with peristomal hernia support	*no maximum listed
A4404	Ostomy ring	10 each / month
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
A4408	Skin barrier with flange, extended wear, convex (larger than 4 x 4 inches)	** no maximum listed
A4409	Skin barrier with flange, extended wear (4x4 inches or smaller)	** no maximum listed
A4410	Skin barrier with flange, extended wear (larger than 4 x 4 inches)	** 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
A4433	Ostomy urinary pouch for locking system	20 each / month
A5055	Stoma cap	31 each / month
A5071	Urinary pouch with barrier	20 each / month
A5073	Urinary pouch for use on barrier with flange; two-piece	20 each / month
A5120	Skin barrier wipes or swab, each	150 each / 6 months

** Medicare has not set a maximum number of supplies for this HCPCS code.

References

1. 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.