Coverage Summary

Ostomy Supplies

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<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 11/15/2016</td>
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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

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I. COVERAGE

Coverage Statement: Ostomy supplies are covered when Medicare coverage criteria are met.

Guidelines/Notes:

1. Covered Benefit

   Colostomy (and other ostomy) bags and necessary accouterments required for attachment are covered as prosthetic devices. This coverage also includes irrigation and flushing equipment and other items and supplies directly related to ostomy care, whether the attachment of a bag is required. See the Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, § 120 -Prosthetic Devices at http://www.cms.gov/manuals/Downloads/bp102c15.pdf. (Accessed November 7, 2016)

   For coverage guideline, refer to the DME MAC LCD for Ostomy Supplies (L33828) and related Local Coverage Article. Compliance with these policies is required where applicable. (Accessed November 7, 2016)

2. Examples of items that are not covered include, but are not limited to:
   - Adult diapers
   - Alcohol
   - Gloves
   - Moisturizer
For more detailed guidelines, see the DME MAC LCDs for Ostomy Supplies (L33828). Also see the following:

- Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, § 110.1 A- Definition of Durable Medical Equipment - Durability
- Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, § 120 - Prosthetic Devices
- NCD for Durable Medical Equipment Reference List (280.1)

(Accessed November 7, 2016)

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

11/16/2016 Annual review with the following updates:
Guideline 1 (Covered Benefits)
- added section title “Covered Benefit”
- removed detailed guideline and replace with the reference link to the DME MAC LCD for Ostomy Supplies (L33828)) and related Local Coverage Article.
  (Detailed guideline, including the codes and quantity info as these are already part of the LCD which is referenced in the CS.)
Guideline 2 (Examples of items that are not covered) – added reference link to the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, § 120 - Prosthetic Devices.

11/17/2015 Annual review; added reference link to the DME MAC LCDs for Ostomy Supplies (L33828); no changes to coverage guidelines.

12/16/2014 Annual review with following update:

12/17/2013 Annual review with no updates.

12/17/2012 Annual review with no updates.

12/19/2011 Annual review with no updates.

05/16/2011 Updated the Ostomy Supplies Codes and Descriptions table; deleted A4365 and added A4456 based on the DME MAC LCDs for Ostomy Supplies revision effective 1/1/2010.

11/16/2010 Guidelines #1 language was updated based on the Medicare Benefit Policy Manual, Chapter 15, § 120 - Prosthetic Devices.