Coverage Summary

Ostomy Supplies

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee    Last Review Date: 01/15/2019

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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.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

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

Guidelines/Notes:

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, § 120 –Prosthetic Devices. (Accessed November 5, 2018)

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 5, 2018)

II. DEFINITIONS
REFERENCES
See above

REVISION HISTORY

04/01/2019 Updated policy introduction; added language to clarify:
- There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
- In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5)

01/15/2019 Re-review with the following updates:
Guideline 1 (Covered Benefit) – removed guideline title
Guideline 2 (Examples of items that are not covered include, but are not limited to) – removed guideline from coverage summary.

11/20/2018 Annual review with no updates.

11/20/2017 Annual review with no updates.

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:
Guideline #2 – Added CMS reference to Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, § 110.1 A- Definition of Durable Medical Equipment -Durability. Also see the NCD for Durable Medical Equipment Reference List (280.1).

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    Guideline 1 language was updated based on the Medicare Benefit Policy Manual, Chapter 15, § 120 -Prosthetic Devices.