



BILLING POLICY No. 019

OSTOMY SUPPLY

Effective date: Aug. 1, 2024

Review dates: 11/2024, 2/2025

Date of origin: Apr. 2024

APPLIES TO

This policy applies to commercial plans.

DEFINITION

In alignment with the Centers for Medicare and Medicaid Services (CMS) and local coverage determinations (LCDs), maximum allowable quantities for ostomy supplies are outlined below. These are defined quantities based on standards identified as reasonable and necessary for the usual member. This maximum quantity for supply needs is based on type of ostomy, the location site of ostomy and skin surface associated with the stoma.

POLICY SPECIFIC INFORMATION

Documentation requirements

We are aligning with CMS standard documentation requirements for supplies and DME, as outlined in [article A55426](#). Reference this article for documentation requirements.

- Documentation must support refill requests as outlined in the article above.
- Supplies should not be dispensed for more than a 3-month quantity.
- A written order for supplies must be on file and dated prior to the date the member receives the supplies.
- The narrative in the NTE Segment of the electronic claim should outline the number of months being billed. This is in addition to the description of the supplies being provided (if applicable).
- Supplies with a date of service (DOS) during or before a discharge date for an inpatient facility stay will be denied.
- Proof of delivery must be detailed in the medical record. Failure to detail the date of delivery as outlined by CMS in the standard documentation requirements article may result in denial of claim or overpayment recovered.

Place of service

Review specific information regarding DME place of service billing requirements in our [Durable Medical Equipment \(DME\) place of services \(POS\) billing policy](#).

Ostomy supply maximum quantities

As noted in the documentation requirements, it is essential to clearly detail the member's needs and any appropriate details to support quantities that may exceed the maximum supplies as outlined below.

Supplies that exceed the maximums detailed below will require review of medical documentation to support the excess units. Without this specific detail, units exceeding the maximums outlined below remain denied.

HCPCS code	Code description	Allowed units per month
A4357	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each	2
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	20
A4364	Ostomy clamp, any type, replacement only, each	4
A4367	Ostomy belt, each	1
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	2
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	10
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	10
A4402	Lubricant, per oz	4
A4404	Ostomy ring, each	10
A4405	Ostomy skin barrier, nonpectin-based, paste, per oz	4
A4406	Ostomy skin barrier, pectin-based, paste, per oz	4
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in or smaller, each	20
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each	20
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	60
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	60
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	60
A4419	Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each	60
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	60
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	60
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	20
A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two-piece system), each	20
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each	20
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each	20
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	20
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each	20
A4432	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each	20

A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each	20
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each	20
A4436	Irrigation supply; sleeve, reusable, per month	1
A4437	Irrigation supply; sleeve, disposable, per month	1
A4450	Tape, nonwaterproof, per 18 sq in	40
A4452	Tape, waterproof, per 18 sq in	40
A5051	Ostomy pouch, closed; with barrier attached (one piece), each	60
A5052	Ostomy pouch, closed; without barrier attached (one piece), each	60
A5053	Ostomy pouch, closed; for use on faceplate, each	60
A5054	Ostomy pouch, closed; for use on barrier with flange (two piece), each	60
A5055	Stoma cap	31
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each	40
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (one piece), each	40
A5061	Ostomy pouch, drainable; with barrier attached, (one piece), each	20
A5062	Ostomy pouch, drainable; without barrier attached (one piece), each	20
A5063	Ostomy pouch, drainable; for use on barrier with flange (two-piece system), each	20
A5071	Ostomy pouch, urinary; with barrier attached (one piece), each	20
A5072	Ostomy pouch, urinary; without barrier attached (one piece), each	20
A5073	Ostomy pouch, urinary; for use on barrier with flange (two piece), each	20
A5081	Stoma plug or seal, any type	31
A5082	Continent device; catheter for continent stoma	1
A5083	Ostomy accessory; convex insert	150
A5093	Ostomy accessory; convex insert	10
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	20
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	20
A5126	Adhesive or nonadhesive; disk or foam pad	20
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	1
A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	60

The following supplies are limited to the defined units per six months.

HCPCS code	Code description	Allowed units per 6 months
A4361	Ostomy faceplate, each	3
A4371	Ostomy skin barrier, powder, per oz	10

A4398	Ostomy irrigation supply; bag, each	2
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	2
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	16
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	2
A5120	Skin barrier, wipes or swabs, each	150

Additional allowable unit considerations

We will accept claims billed for a one-month (skilled nursing home members) and three-month (member in home setting) period, but the date span on the claim must clearly reflect this defined period and be based on prospective use.

- Initial supplies and/or refills should not be dispensed for quantities that exceed the member's expected utilization as defined in the medical record.

We will reimburse either a liquid barrier or individual wipes/swabs for the same member during the allotted period. Either liquid/spray barrier (HCPCS A4369) or individual wipes/swabs (A5120) are payable during the same period.

- **A4369:** Ostomy skin barrier, liquid (spray, brush, etc.), per oz
- **A5120:** Skin barrier, wipes or swabs, each

We will reimburse either a bedside drainage bag or a bedside drainage bottle. Only one of these two supplies are payable during the same period.

- **A4357:** Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each
- **A5102:** Bedside drainage bottle with or without tubing, rigid or expandable, each

The following items would be payable for one unit per DOS:

- **A5055:** Stoma cap
- **A5081:** Stoma plug
- **A5083:** Stoma absorptive cover
- **A6216:** Gauze pad

DISCLAIMER

Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS) and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise

detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available [in our Provider Manual](#).

CHANGE / REVIEW HISTORY

Date	Revisions made
Nov. 11, 2024	Added "Place of service" section
Feb. 5, 2025	Added "Disclaimer" section