

**Origination:** October 17, 2024  
**Last Review:** October 17, 2024  
**Next Review:** October 17, 2025  
**Effective Date:** February 01, 2025

## Description

Provide a policy statement for billing ostomy supplies to define quantity limits.

## Policy & Guidelines

Ostomy supplies are considered medically necessary for use on a member with a surgically created opening (stoma) to divert, urine or fecal contents to outside the body.

### Policy Statement

Effective with dates of service on or after February 01, 2025, Blue Cross and Blue Shield of Vermont (Blue Cross VT) payment for services associated with ostomy supplies will be subject to a quantity limit as defined in the payment policy.

### Definition

Ostomy supplies are considered medically necessary for colostomies, ileostomies or urinary ostomies.

### Liquid Barriers

- When a liquid barrier is considered medically necessary for an ostomy, either
  - o Liquid **OR** spray (A4369) **OR**
  - o Individual wipes **OR** swabs (A5120).

The use of **BOTH of these liquid barriers is NOT considered medically necessary.**

### Stoma Supplies

- The following means to manage/prevent drainage are considered medically necessary for members with continent stomas:
  - o Stoma cap (A5055) **OR**
  - o Stoma plugs (A5081) **OR**
  - o Stoma absorptive cover (A5083) **OR**

- gauze pads (A6216).

The use of NO more than one of the above types of stoma supply would be reasonable and necessary on a given day and additional supplies will deny as **NOT** medically necessary.

### Drainage Supplies

- Members with urinary ostomies may use either for nighttime drainage:
  - Drainage Bag (A4357) **OR**
  - Drainage Bottle (A5102).

It is not reasonable and necessary to have both and is considered **NOT** medically necessary.

### Ostomy Quantity Limits

- Claim lines submitted with quantity of ostomy supplies that exceeds the maximum allowed number of units in Coding Table(s) 1 & 2 of this payment policy.
- Regardless of utilization, a supplier may NOT dispense more than a three (3) month quantity of supplies at a time.

Ostomy supplies that exceed the usual maximum quantity per month is considered **NOT** medically necessary.

Regardless of utilization, a supplier may NOT dispense or auto-ship more than a three (3) month quantity of supplies at a time.

## Provider Billing Guidelines and Documentation

The medically necessary quantity of ostomy supplies for a member is determined primarily by the type of ostomy, its location, its construct and the condition of the skin surface surrounding the stoma. There can be a variation of quantity of ostomy supplies according to member's needs over time. The table(s) below lists the maximum number of items/units of supplies that are usually considered medically necessary. However, any individual member may require more or less supplies than the quantity listed depending on the factors that affect the frequency of barrier and ostomy pouch changes.

The explanation for use of a greater quantity of ostomy supplies than the quantities listed below in the table must be clearly documented in the member's medical record. If adequate documentation is not provided when requested, the excess quantities will be considered **NOT** medically necessary.

**Table 1: Ostomy Supplies Per Month (Up to a 90-Day Supply of Usual Maximum Quantity Per Month Defined by Table Below)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Usual Maximum Quantity Per Month</b>	<b>Notes</b>
<b>A4357</b>	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each	(2) Per Month	<b>OR</b> A5102
<b>A4362</b>	Skin barrier; solid, 4 x 4 or equivalent; each	(20) Per Month	
<b>A4364</b>	Adhesive, liquid or equal, any type, per oz.	(4) Per Month	
<b>A4367</b>	Ostomy belt, each	(1) Per Month	
<b>A4369</b>	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	(2) Per Month	<b>OR</b> A5120
<b>A4377</b>	Ostomy pouch, drainable, for use on faceplate, plastic, each	(10) Per Month	
<b>A4381</b>	Ostomy pouch, urinary, for use on faceplate, plastic, each	(10) Per Month	
<b>A4402</b>	Lubricant, per ounce	(4) Per Month	
<b>A4404</b>	Ostomy ring, each	(10) Per Month	
<b>A4405</b>	Ostomy skin barrier, non-pectin based, paste, per ounce	(4) Per Month	
<b>A4406</b>	Ostomy skin barrier, pectin-based, paste, per ounce	(4) Per Month	
<b>A4414</b>	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	(20) Per Month	
<b>A4415</b>	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 44 inches, each	(20) Per Month	
<b>A4416</b>	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	(60) Per Month	
<b>A4417</b>	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	(60) Per Month	
<b>A4418</b>	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	(60) Per Month	

<b>HCPCS Code</b>	<b>Description</b>	<b>Usual Maximum Quantity Per Month</b>	<b>Notes</b>
<b>A4419</b>	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	(60) Per Month	
<b>A4420</b>	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	(60) Per Month	
<b>A4423</b>	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	(60) Per Month	
<b>A4424</b>	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	(20) Per Month	
<b>A4425</b>	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	(20) Per Month	
<b>A4426</b>	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	(20) Per Month	
<b>A4427</b>	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	(20) Per Month	
<b>A4429</b>	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	(20) Per Month	
<b>A4431</b>	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	(20) Per Month	
<b>A4432</b>	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (2 piece), each	(20) Per Month	
<b>A4433</b>	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	(20) Per Month	
<b>A4434</b>	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	(20) Per Month	
<b>A4436</b>	Irrigation supply; sleeve, reusable, each	(1) Per Month	

<b>HCPCS Code</b>	<b>Description</b>	<b>Usual Maximum Quantity Per Month</b>	<b>Notes</b>
<b>A4437</b>	Irrigation supply; sleeve disposable	(1) Per Month	
<b>A4450</b>	Tape, non-waterproof, per 18 square inches	(40) Per Month	
<b>A4452</b>	Tape, waterproof, per 18 square inches	(40) Per Month	
<b>A5051</b>	Ostomy pouch, closed; with barrier attached (1 piece), each	(60) Per Month	
<b>A5052</b>	Ostomy pouch, closed; without barrier attached (1 piece), each	(60) Per Month	
<b>A5053</b>	Ostomy pouch, closed; for use on faceplate, each	(60) Per Month	
<b>A5054</b>	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	(60) Per Month	
<b>A5055</b>	Stoma cap	(31) Per Month	<b>OR</b> A5081, <b>OR</b> A5083, <b>OR</b> A6216
<b>A5056</b>	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	(40) Per Month	
<b>A5057</b>	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	(40) Per Month	
<b>A5061</b>	Ostomy pouch, drainable; with barrier attached, (1 piece), each	(20) Per Month	
<b>A5062</b>	Ostomy pouch, drainable; without barrier attached (1 piece), each	(20) Per Month	
<b>A5063</b>	Ostomy pouch, drainable; for use on barrier with flange (2-piece system), each	(20) Per Month	
<b>A5071</b>	Ostomy pouch, urinary; with barrier attached (1 piece), each	(20) Per Month	
<b>A5072</b>	Ostomy pouch, urinary; without barrier attached (1 piece), each	(20) Per Month	
<b>A5073</b>	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	(20) Per Month	
<b>A5081</b>	Stoma plug or seal, any type	(31) Per Month	<b>OR</b> A5055, <b>OR</b> A5083, <b>OR</b> A6216
<b>A5082</b>	Continent device; catheter for continent stoma	(1) Per Month	

HCPCS Code	Description	Usual Maximum Quantity Per Month	Notes
A5083	Continent device, stoma absorptive cover for continent stoma	(150) Per Month	<u>OR</u> A5055, <u>OR</u> A5081, <u>OR</u> A6216
A5093	Ostomy accessory; convex insert	(10) Per Month	
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	(20) Per Month	
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	(20) Per Month	
A5126	Adhesive or nonadhesive; disk or foam pad	(20) Per Month	
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	(1) Per Month	
A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	(60) Per Month	

**Table 2: Ostomy Supplies Per Six Months**

HCPCS Code	Description	Usual Maximum Quantity Per <u>Six Months</u>	Notes
A4361	Ostomy faceplate, each	(3) Per Six Months	
A4371	Ostomy skin barrier, powder, per oz	(10) Per Six Months	
A4398	Ostomy irrigation supply; bag, each	(2) Per Six Months	
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	(2) Per Six Months	
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	(16) Per Six Months	

HCPCS Code	Description	Usual Maximum Quantity Per <u>Six Months</u>	Notes
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	(2) Per Six Months	<u>OR</u> A4357
A5120	Skin barrier, wipes or swabs, each	(150) Per Six Months	<u>OR</u> A4369

### Benefit Determination Guidance

Payment for services is determined by the member’s benefits. It is important to verify the member’s benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

Eligible services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

**Federal Employee Program (FEP):** Members may have different benefits that apply. For further information, please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member’s benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

**Inter Plan Programs (IPP):** In accordance with the Blue Cross and Blue Shield Association’s Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (Blue Cross VT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member’s Blue Plan must honor. A member’s Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member’s Blue Plan cannot apply its local billing practices on claims rendered in another Plan’s service area. A member’s Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment, it is important to verify the member’s benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

## Eligible Providers

This policy applies to all providers/facilities contracted with the Plan's Network (participating/in-network) and any non-participating/out-of-network providers/facilities.

## Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure adherence with the guidelines stated in the payment policy. If an audit identifies instances of non-adherence with this payment policy, Blue Cross VT reserves the right to recover all non-adherence payments.

## Legislative and Regulatory Guidelines

N/A

## Related Policies

N/A

## Document Precedence

The Blue Cross VT Payment Policy Manual was developed to provide guidance for providers regarding Blue Cross VT payment practices and facilitates the systematic application of Blue Cross VT member contracts and employer benefit documents, provider contracts, Blue Cross VT corporate medical policies, and Plan's claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.



- 4) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the Plan’s claim editing solutions, the Plan’s claim editing solution takes precedence.

## References

The above policy is based on the following references:

Centers for Medicare & Medicaid Services (CMS). Ostomy Supplies (A52487) - Policy Article. DME MAC Jurisdiction(A). Effective October 2015. (Revised 04/23/2024).

Centers for Medicare & Medicaid Services (CMS). Ostomy Supplies (L33828). DME MAC Jurisdiction (A). Effective October 1, 2015. (Revised 01/01/2024).

## Policy Implementation/Update Information

This policy was originally implemented on February 01, 2025

Date of Change	Effective Date	Overview of Change
October 17, 2024	February 01, 2025	New policy. Payment policy statement established for ostomy supplies.

Approved by

Update Approved: 10/17/2024



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