

Documentation Checklist

Ostomy Supplies

References: L33828, A52487

All Ostomy Supplies

- Dispensing Order, if applicable
- Detailed Written Order (DWO)
- Beneficiary Authorization
- Refill Requirements
- Proof of Delivery (POD)
 - Method 1 - Direct Delivery to the Beneficiary by the Supplier
The date the beneficiary/designee signs for the supplies is to be the date of service of the claim.
 - Method 2 - Delivery via Shipping or Delivery Service
The shipping date is to be the date of service of the claim.
 - Method 3 - Delivery to Nursing Facility on Behalf of a Beneficiary
- Continued Need
- Continued Use

Medical Records

- Documentation supports the beneficiary has a surgically created opening (stoma) to divert urine or fecal contents outside the body and includes:
 - Location
 - Construction
 - Condition of the skin surface surrounding the stoma

Quantities above the Normal Monthly Allowances

- Medical records contain adequate, clear documentation that corroborates the medical necessity of the amount ordered and billed.
 - Limited to a one month supply for nursing facility beneficiaries
 - Limited to a three month supply for a beneficiary at home

Billing Reminders

- The supplier must enter the ICD diagnosis code for the ostomy on each claim submitted for ostomy supplies. If there is more than one ostomy, enter the appropriate codes.
- When a liquid barrier is necessary, either a liquid or a spray (A4369) or individual wipes or swabs (A5120) are appropriate. The use of both is not reasonable and necessary.
- Beneficiaries with continent stomas may use the following means to prevent/manage drainage:
 - Stoma cap (A5055); **or**
 - Stoma plug (A5081); **or**
 - Stoma absorptive cover (A5083); **or**
 - Gauze pads (A6216).
 - No more than one of these types of supply would be reasonable and necessary on a given day.
- Beneficiaries with urinary ostomies may use either a bag (A4357) or bottle (A5102) for drainage at night. It is not reasonable and necessary to have both.
- Ostomy supplies are not separately payable when a beneficiary is in a covered home health episode. The supplies must be provided by the home health agency and payment is included in the home health Medicare payment rate.
- When tape and adhesive (A4450, A4452, and A5120) are used with an ostomy supply, they must be billed with the AU modifier.