Colostomy, Urostomy, Ileostomy

Billing Criteria

Ostomy supplies are billable for use on patients with a surgically created opening (stoma) to divert urine or fecal contents outside the body. On the initial order, a DX code describing the type of ostomy (Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6) must be included.

Billable Supplies for Ostomy & Monthly Utilization Guidelines

1. Drainable pouches – 20/month
2. Urinary pouches – 20/month
3. Closed pouches – 60/month
4. Irrigation sleeves – 4/month
5. Solid skin (wafers) barriers – 20/month
6. Ostomy belt – 1/month

The quantity of ostomy supplies is determined by the type of ostomy, its location, its construction, and the condition of the skin surface surrounding the stoma. For quantities greater than the usual maximum there must be adequate documentation in the medical record corroborating medical necessity of amount dispensed.

Miscellaneous Supplies

1. Barrier wipes – 50 wipes every other month = 150 wipes/6 months
2. Stoma caps or plugs
3. Drainage bottle for urinary ostomy’s
4. Deodorant – liquid or tablets (per tablet, per oz)
5. Add on features to pouches (e.g., filters, rustle-free material, comfort panel, odor barrier, faucet-type tap for urinary pouches, absorbent material, and a lever type flange locking mechanism)

Dispensing Order and Detailed Written Order (Signature and Date Stamps NOT allowed)

All items billed to Medicare require a prescription. A dispensing order may be verbal or written and kept on file. A Detailed Written Order must be received before billing.

A Dispensing Order must contain: Description of the item, Beneficiary’s name, Prescribing physician’s name, Date of the order and the start date, if the start date is different from the date of the order, and Physician’s signature (if written order) or supplier signature (if verbal order)
A **Detailed Written Order** must contain all of the components of the dispensing order PLUS the following: A detailed description of the item (narrative description or brand name/model number), a Physician’s signature and date, frequency of use, quantity to be dispensed, and number of refills.

Orders that ONLY state “PRN” or “as needed” are not acceptable for frequency of use. Amounts must be specific.

### Example Detailed Written Order for Ostomy & Supplies

5-15-15  Doe, Jane                      Dr. Joseph Quintanilla

**Closed pouch example -**

Colostomy (Z93.3)* care order:
1. Change Convatec #125264 wafer, or equivalent q 3 days and PRN.
2. Change Convatec #401934 or equivalent, **closed** bag, 2 x times daily and PRN.
3. Use barrier wipes with each change.

Dispense 1 box (10) wafers, 2 boxes (60) bags, 1 box (150) barrier wipes.   Refill = 99

**One piece example -**

Ileostomy (Z93.2)* care order:
1. Change Hollister #12359 1 pc wafer/**closed** pouch, or equivalent BID.
2. Use stoma paste with each change.

Dispense 60 Hollister #12359, 2 tubes stoma paste.   Refill = 99

**Drainable pouch example –**

Colostomy (Z93.3)* care order:
1. Change Convatec #125264 wafer, or equivalent q 3 days and PRN.
2. Change Convatec #403292 **drainable** bag, or equivalent q 3 days and PRN.
3. Use 1 deodorant tab or 2 oz. deodorant liquid with each bag change.

Dispense 10 wafers, 20 bags, 30 deodorant tabs or 40 oz liquid deodorant.   Refill = 99

All orders must specify brand name and stock # from the item box to assure that correct items are billed.
Diagnosis ICD-10 codes for ostomy types:

- Colostomy Z93.3 or K43.3
- Ileostomy Z93.2 or K43.2
- Urostomy Z93.6 or K43.6

Refill Requirements (Refill Request Form)

Contact with the beneficiary or designee for refills must take place no sooner than 14 calendar days prior to the delivery/shipping date.

Delivery of refills must take place no sooner than 10 calendar days prior to the end of usage for the current product.

No more than a 1 month quantity can be dispensed at a time.

Proof of Delivery (POD)

The date of service is the shipping date of the supplies or the date from the delivery ticket if the item(s) are removed from general stock. The POD record must include: Resident Name, Delivery Address, Tracking number, po number or invoice number linking delivery records, detailed description of items delivered (e.g. brand name, serial number, narrative description), quantity delivered, date delivered, and evidence of delivery.

The delivery ticket and/or POD documents must be signed and dated by the resident (or designee) as proof of receipt.