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# Local Coverage Determination (LCD) for Ostomy Supplies (L5013)

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## Contractor Information

<b>Contractor Name</b> CGS Administrators, LLC <a href="#">Back to Top</a>	<b>Contractor Number</b> 18003	<b>Contractor Type</b> DME MAC
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## LCD Information

### Document Information

**LCD ID Number**  
L5013

**LCD Title**  
Ostomy Supplies

**Contractor's Determination Number**  
OSTY

### AMA CPT/ADA CDT Copyright Statement

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### Primary Geographic Jurisdiction

Alabama  
Arkansas  
Colorado  
Florida  
Georgia  
Louisiana  
Mississippi  
North Carolina  
New Mexico  
Oklahoma  
Puerto Rico  
South Carolina  
Tennessee  
Texas  
Virginia  
Virgin Islands  
West Virginia

### Oversight Region

Region IV

### DME Region LCD Covers

Jurisdiction C

### Original Determination Effective Date

For services performed on or after 10/01/1993

### Original Determination Ending Date

### Revision Effective Date

For services performed on or after 08/05/2011

### Revision Ending Date

### CMS National Coverage Policy

None

### Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this local coverage determination, the criteria for "reasonable and necessary", based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

The quantity of ostomy supplies needed by a patient is determined primarily by the type of ostomy, its location, its construction, and the condition of the skin surface surrounding the stoma. There will be variation according to individual patient need and their needs may vary over time. The table below lists the maximum number of items/units of service that are usually reasonable and necessary. The actual quantity needed for a particular patient may be more or less than the amount listed depending on the factors that affect the frequency of barrier and pouch change.

The medical necessity for use of a greater quantity of supplies than the amounts listed must be clearly documented in the patients medical record and must be available upon request. If adequate documentation is not provided when requested, the excess quantities will be denied as not reasonable and necessary.

#### USUAL MAXIMUM QUANTITY OF SUPPLIES:

Code	# per Month
A4357	2
A4362	20
A4364	4
A4367	1
A4369	2
A4377	10
A4381	10
A4397	4
A4402	4
A4404	10
A4405	4
A4406	4
A4414	20
A4415	20
A4416	60
A4417	60
A4418	60
A4419	60
A4420	60
A4423	60
A4424	20
A4425	20
A4426	20
A4427	20
A4429	20
A4431	20

A4432	20
A4433	20
A4434	20
A4450	40
A4452	40
A5051	60
A5052	60
A5053	60
A5054	60
A5055	31
A5061	20
A5062	20
A5063	20
A5071	20
A5072	20
A5073	20
A5081	31
A5082	1
A5083	150
A5093	10
A5121	20
A5122	20
A5126	20
A5131	1
A6216	60

Code	# per 6 Months
A4361	3
A4371	10
A4398	2
A4399	2
A4455	16
A5102	2
A5120	150

Provision of ostomy supplies should be limited to a one-month supply for a patient in a nursing facility and a 3-month supply for a patient at home.

A supplier must not dispense more than a 3-month quantity of supplies and accessories at a time. The beneficiary or caregiver must specifically request new items before they are dispensed. The supplier must not automatically dispense a quantity of items on a predetermined regular basis, even if the beneficiary has "authorized" this in advance. As referenced in the Program Integrity Manual (Internet-Only Manual, CMS Pub. 100-8, Chapter 4.26.1) "Contact with the beneficiary or designee regarding refills should take place no sooner than approximately 7 days prior to the delivery/shipping date. For subsequent deliveries of refills, the supplier should deliver the DMEPOS product no sooner than approximately 5 days prior to the end of usage for the current product."

When a liquid barrier is necessary, either liquid or spray (A4369) or individual wipes or swabs (A5120) are appropriate. The use of both is not reasonable and necessary.

Patients with continent stomas may use the following means to prevent/manage drainage: stoma cap (A5055), stoma plug (A5081), 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.

Patients 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.

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## Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

### CPT/HCPCS Codes

#### GroupName

**The appearance of a code in this section does not necessarily indicate coverage.**

### HCPCS MODIFIERS:

**AU - Item furnished in conjunction with a urological, ostomy or tracheostomy supply**

**EY - No physician or other licensed health care provider order for this item or service**

### HCPCS CODES:

A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH
A4361	OSTOMY FACEPLATE, EACH
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ
A4366	OSTOMY VENT, ANY TYPE, EACH
A4367	OSTOMY BELT, EACH
A4368	OSTOMY FILTER, ANY TYPE, EACH
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH

A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT
A4397	IRRIGATION SUPPLY; SLEEVE, EACH
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH
A4402	LUBRICANT, PER OUNCE
A4404	OSTOMY RING, EACH
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH

A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH
A4421	OSTOMY SUPPLY; MISCELLANEOUS
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH
A5055	STOMA CAP
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA

A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA
A5093	OSTOMY ACCESSORY; CONVEX INSERT
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH
A5120	SKIN BARRIER, WIPES OR SWABS, EACH
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A9270	NON-COVERED ITEM OR SERVICE

### ICD-9 Codes that Support Medical Necessity

Not specified.

For ICD-9 codes relating to statutory coverage, see Policy Article.

XX000	Not Applicable
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### Diagnoses that Support Medical Necessity

Not Specified

### ICD-9 Codes that DO NOT Support Medical Necessity

Not specified

### ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

### Diagnoses that DO NOT Support Medical Necessity

Not Specified

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## General Information

### Documentations Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider". It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and be available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

The order must include the type(s) of supplies ordered and the approximate quantity to be used per unit of time. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used.

The supplier must enter the ICD-9 diagnosis code for the ostomy on each claim submitted for ostomy supplies. If there is more than one ostomy, enter the appropriate codes.

When supplies used are greater than the usual maximum quantity listed in the Indications and Limitations of Coverage and/or Medical Necessity section, there must be adequate, clear documentation in the patient's medical records corroborating the medical necessity of this amount. Copies of the patient's medical records that corroborate the order and any additional documentation that pertains to the medical necessity of the items and quantities billed, must be available upon request.

Refer to the Supplier Manual for more information on documentation requirements.

## Appendices

**Utilization Guidelines** Refer to Indications and Limitations of Coverage and/or Medical Necessity.

### Sources of Information and Basis for Decision

Reserved for future use. **Advisory Committee Meeting Notes**

**Start Date of Comment Period** 04/30/1993

**End Date of Comment Period** 06/14/1993

**Start Date of Notice Period** 08/01/1993

**Revision History Number** 018

**Revision History Explanation** Revision Effective Date: 01/01/2011

INDICATIONS AND LIMITATIONS OF COVERAGE:

Revised: Preamble language

HCPCS CODES AND MODIFIERS:

Revised: A4399, A4407, A4408

Revision Effective Date: 01/01/2010

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Requirements concerning request for refill

HCPCS CODES AND MODIFIERS:

Deleted: A4365

Added: A4456

Revision Effective Date: 11/15/2009

CPT/HCPCS code A4365 was deleted from group 1

Revision Effective Date: 01/01/2009

Corrected typographical error for code A4406 in utilization table.

Revision Effective Date: 01/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Revised: Usual maximum quantity for A5083

03/01/2008 In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC CIGNA Government Services (18003) LCD L11517 from DME PSC TrustSolutions (77012) LCD L11517.

Revision Effective Date: 06/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Usual maximum quantity for A5083

HCPCS CODES AND MODIFIERS:

Added: A5083

06/01/2007 In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007  
INDICATIONS AND LIMITATIONS OF COVERAGE:  
Removed: DMERC references  
HCPCS CODES AND MODIFIERS:  
Revised: A4394  
DOCUMENTATION REQUIREMENTS:  
Removed: DMERC references

03/01/2006 In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TrustSolutions (77012) from DMERC Palmetto GBA (00885).

Revision Effective Date: 01/01/2006  
INDICATIONS AND LIMITATION OF COVERAGE AND/OR MEDICAL NECESSITY  
Removed deleted HCPCS code A5119 from 6 month Usual Maximum Amount and added new HCPCS code A5120 to Usual Maximum Amount array.  
HCPCS CODES & MODIFIERS:  
Added HCPCS Codes A4363, A4411, A4412 and A5120  
Deleted HCPCS Code A5119  
Verbiage change to HCPCS Code A4372

Effective Date: 04/01/2005  
LMRP converted to LCD and Policy Article  
HCPCS CODES & MODIFIERS:  
Revised A5119  
INDICATIONS AND LIMITATIONS OF COVERAGE:  
A5119 verbiage change incorporated into example of code amount.  
DOCUMENTATION REQUIREMENTS:  
Deleted the requirement for the ICD-9 or narrative to be on the initial order.

Revision Effective Date 04/01/2004  
HCPCS CODES and MODIFIERS:  
Added A4366, A4416, A4417, A4418, A4419, A4420, A4423, A4424, A4425, A4426, A4427, A4428, A4429, A4430, A4431, A4432, A4433, A4434  
Deleted K0581, K0582, K0583, K0584, K0585, K0586, K0587, K0588, K0589, K0590, K0591, K0592, K0593, K0594, K0595, K0596, K0597  
INDICATIONS AND LIMITATIONS OF COVERAGE:  
Updated Usual Maximum Quantity of Supplies with the following codes: A4416, A4417, A4418, A4419, A4420, A4423, A4424, A4425, A4426, A4427, A4429, A4431, A4432, A4433, A4434 and A5061  
CODING GUIDELINES:  
Referenced new A4420 code. Added A4416-A4419, A4423-A4425, and A4427 to the unbundling list.  
Added definition to A4366.

Revision Effective Date: 10/01/2003  
INDICATIONS AND LIMITATIONS OF COVERAGE:  
Changed the denial from not medically necessary to noncovered when supplies are used for other conditions rather than on a surgically created opening to divert urine, or fecal contents outside the body.

Revision Effective Date: 07/01/2003  
DOCUMENTATION:  
Included in the requirement to accept either ICD-9 or narrative.

Revision Effective Date: 04/01/2003  
HCPCS CODES AND MODIFIERS:  
Added: AU and EY modifier, A4368, A4405, A4406, A4407, A4408, A4409, A4410, A4413, A4414, A4415, A4422, A4450, A4452, K0581, K0582, K0583, K0584, K0585, K0586, K0587, K0588, K0589, K0590, K0591, K0592, K0593, K0594, K0595, K0596, K0597  
Reinstated: A4368, A5061  
Discontinued: K0561, K0562, K0563, K0564, K0565, K0566. K0567, K0568 K0569 K0570, K0571, K0572, K0573, K0574, K0575, K0576, K0577, K0578, K0579, K0580

Revised: A4372, A4373, A4387, A4388, A4389, A4391, A5051, A5052, A5053, A5054, A5061, A5062, A5063, A5071 A5072, A5073

**INDICATIONS AND LIMITATIONS OF COVERAGE:**

Added: Standard language concerning coverage of items without an order.

Added verbiage regarding billing for excess quantity utilization.

Updated: Usual Maximum Quantity of Supplies table to reflect HCPCS code changes.

Removed: References to the add-on feature HCPCS codes within the policy.

Updated Unbundling table, and Maximum Quantity table to reflect HCPCS code changes.

**CODING GUIDELINES:**

Added Instructions for using AU modifier with tape codes (A4450 and A4452).

Added definitions to this section of policy.

**DOCUMENTATION REQUIREMENTS:**

Added: Standard language concerning use of EY modifier for items without an order.

Verbiage regarding excess quantity utilization requirement.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

07/01/2002 - Added codes K0561-K0580. HCPCS codes A4368, A4370, A4374, A4386, A5061, A5123, A6265 become invalid for DMERC submission. Definitions expanded to include new code features. Specific diagnoses for certain products removed from policy. Billing instructions included in coverage and payment rules when using K0561-K0580. Usual Maximum Quantity of Supplies table updated and crosswalked to appropriate new codes.

10/01/2001 - Revisions included updates to HCPCS codes since the policy's last publication, definitional changes to help with clarity and inclusion of material from various previously published bulletins.

06/01/1997 - No revision - reprinted due to page format.

12/01/1996 - HCPCS codes updated (various). Revised Definitions sections.

04/01/1996 - Revised usual maximum medically necessary for A4399 from 1 to 2 per every 6 months. Added statement that a brush is included in irrigation supplies and should not be billed separately.

10/01/1995 - Added HCPCS codes K0265, K0277, K0278, and K0280.

06/01/1994 - Added ICD-9 codes for codes A5051-A5054 and A5061-A5065; added ICD-9 code for codes A5071-A5075 in Coverage and Payment Rules section.

12/01/1993 - Added HCPCS codes XX006-XX008

11/21/2010 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:

A4399 descriptor was changed in Group 1

A4407 descriptor was changed in Group 1

A4408 descriptor was changed in Group 1

08/05/2011 - The Jurisdiction C contractor adopted a new business name. This LCD revision only includes the change from CIGNA Government Services to CGS Administrators, LLC. No coverage information was included in this revision and no provider action is needed regarding this revision.

**Reason for Change** HCPCS/ICD9 Descriptor Change

**Last Reviewed On Date**

**Related Documents**

Article(s)

[A24140 - Ostomy Supplies - Policy Article - Effective January 2011](#)

## LCD Attachments

There are no attachments for this LCD.

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