

The background of the slide features a collection of medical supplies for ostomy care. In the center is a large, round, peach-colored stoma bag with a white adhesive ring and two side handles. To its left is a white tube of adhesive. To its right is a roll of white adhesive with a yellow center. In the foreground, a clear plastic container holds a white stoma bag. A white cylindrical container is visible in the upper right background.

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Medicare Utilization Guidelines Ostomy Products

855-571-1762

Product	Maximum Frequency / 1 Month ¹
Pouches: Closed End	Up to 60
Pouches: Drainable	Up to 20
Pouches: Urinary	Up to 20
Wafers/Flanges/Skin Barriers	Up to 20
Ostomy Paste	Up to 4 oz.
Skin Barrier Rings (4x4, 6x6, 8x8)	Up to 20
Cohesive Seals / Barrier Rings (2", 4")	Up to 20
Skin Barrier Prep (spray or liquid)	Up to 2 oz.
Ostomy Belt	Up to 1
Lubricating Deodorant	Up to 16 oz.
Irrigation Sleeves	Up to 4
Lubricant	Up to 4 oz.
Ostomy Rings	Up to 10
Convex Inserts	Up to 10
Stoma Caps	Up to 31
Bedside Drain Bags ² (Requires urostomy diagnosis)	Up to 2 bags
Tape	Up to 1 roll 2" or 2 rolls 1"
Appliance Cleaner	Up to 16 oz.

Product	Maximum Frequency / 6 Months ¹
Ostomy Face Plates	Up to 3
Skin Barrier Powder	Up to 10 oz.
Irrigation Bags or Cone/Cath	Up to 2
Bedside Drain Bottles ² (Requires urostomy diagnosis)	Up to 2
Adhesive Remover (liquid or wipes)	Up to 16 oz. or 300 wipes
Skin Barrier Wipes	Up to 150

Continent Product	Maximum Frequency / 1 Month ¹
(Products require continent stoma diagnosis)	
Stoma Absorptive Covers ³	Up to 150
Stoma Plugs ³	Up to 31
Catheters for Continent Stoma	Up to 1

¹ Regardless of utilization, a supplier must not dispense more than a 1-month supply at a time for a beneficiary in a nursing facility and a 3-month supply for a beneficiary at home.

² Patient may obtain bedside drain bags or bedside drain bottles.

³ Patients may obtain stoma absorptive covers or stoma plugs.

Unless otherwise noted, the information on this card was obtained from the Centers for Medicare & Medicaid Services: Local Coverage Determination for Ostomy Supplies. Be advised that information contained herein is intended to serve as a useful reference for informational purposes only and is not complete clinical information or a guarantee of coverage. This information is intended for use only by competent healthcare professionals exercising judgment in providing care. AdaptHealth Patient Care Solutions cannot be held responsible for the continued currency of or for any errors or omissions in the information.