

Medicare Reimbursement Guide

Introduction

Medicare is a health insurance program offered in the United States for people who are age 65 or older, people under age 65 with certain disabilities, and people of all ages with end-stage renal disease. This guide outlines selected parts of the Medicare Ostomy Policy and the Policy Article.

Traditional Medicare

- **Part A** – Hospital Insurance
 - Covers inpatient hospital and skilled nursing facility stays, and some home health care
- **Part B** – Medical Insurance
 - Covers outpatient hospital services, certain home health services, durable medical equipment, and eligible physician services
 - There is a monthly premium, and an annual deductible that applies
 - An allowable fee is determined by Medicare for each supply/service
 - > Medicare is responsible for 80% of the fee after the deductible is met
 - > Beneficiary is responsible for 20% co-payment after the deductible is met

Ostomy Supply Coverage Under Traditional Medicare

Medicare coverage depends on the healthcare setting — home, home health care, skilled nursing facility, custodial nursing. For home and custodial nursing (residing in a nursing home or assisted living facility without the need for skilled care) the rules are outlined below:

- Can order 1 to 3 months of product at a time
- Ostomy supplies are covered for people with a surgically created opening (stoma) to divert urine, or fecal contents outside the body
 - The quantity of ostomy supplies needed depends on the type of ostomy, its location, its construction, and skin condition around the stoma
 - Variation according to individual patient need will occur, and needs may vary over time
- A physician order is required for payment of the supplies and is usually obtained by the ostomy supplier. An order is required in the following circumstances:
 - This is the first time you require supplies
 - There is an increase in your supply need
 - There is a change in the type of supplies required

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• Utilization Guidelines:

- Medicare allows a usual maximum quantity of supplies each month. The table below provides the maximum allowable amounts
- The amount of supplies someone may need may vary from the maximum quantities. That will be determined by your physician and must be on your order and in your medical record

Medicare Product Allowables on Selected Hollister Products*

*Please note, not all ostomy supplies have a published maximum allowable.

PRODUCT	MAXIMUM ALLOWED PER MONTH
Two-Piece Pouching System	
Convex, Extended Wear Skin Barriers with Floating Flanges	No Maximum Listed
Convex, Standard Wear Skin Barriers with Floating Flanges	No Maximum Listed
Flat, Extended Wear Skin Barriers with Floating Flanges	No Maximum Listed
Flat, Standard Wear Skin Barriers with Floating Flanges	20
Drainable Pouches	20
Closed Pouches	60
Urostomy Pouches	20
Irrigator Sleeves	4
One-Piece Pouching System	
Drainable Pouches with Convex, Extended Wear Skin Barriers	No Maximum Listed
Drainable Pouches with Convex, Standard Wear Skin Barriers	No Maximum Listed
Drainable Pouches with Flat, Extended Wear Skin Barriers	No Maximum Listed
Drainable Pouches with Flat, Standard Wear Skin Barriers	20
Closed Pouches with Flat, Standard Wear Skin Barriers	60
Stoma Caps	31
Pediatrics Pouching System	
One-Piece Drainable and Urostomy Pouches	20
Two-Piece Skin Barriers	20
Two-Piece Drainable and Urostomy Pouches	20
Two-Piece Mini Closed Pouches	60
Pediatric Ostomy Belt	1
Accessories	
Barrier Extenders	20
Adhesive Remover Wipes	No Maximum Listed
Skin Barrier Paste	4 oz
Stoma Powder	10 oz/6 months
Lubricating Deodorant	No Maximum Listed
Ostomy Belt	1
Skin Protective Wipes	150/6 months
Bedside Collectors	2

For product questions, sampling needs, or detailed clinical questions concerning our products in the US, call **1.888.808.7456**. In Canada call **1.800.263.7400**.

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Urinary leg bags are not covered by Traditional Medicare. If you require more ostomy supplies than what is listed in this table, your physician may provide a medical justification for the additional supplies. The ostomy supplier will need to have that medical justification on file when billing the Medicare program for the additional supplies.

Routine follow-up with your healthcare professional is recommended.

Prior to using any ostomy products/accessories be sure to read all product inserts and labels.

** The reimbursement information provided herein is for informational purposes only. It may be out of date or otherwise not accurate and is not intended to be a complete description of benefits. Hollister does not guarantee coverage of payment for any products. Limitations, copayments and restrictions may apply.

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