

Medical Policy: Ostomy Supplies

Effective Date: 11/14/06

Reviewed: 11/7/11, 4/17/12

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16,
2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/21, 2/17/22, 2/2/23,
2/8/24, 2/20/25

Ostomy Supplies Policy

Policy

VCHCP covers ostomy supplies as needed by the member when all the following criteria are met:

- The ostomy supplies are supplied to replace all or part of an absent body organ or the function of a permanently inoperative or malfunctioning organ.
- The ostomy supplies are prescribed by a contracted health care provider.
- The ostomy supplies are supplied by a contracted ancillary provider.

Copays will apply per the VCHCP Evidence of Coverage for prosthetic devices.

Definitions

Ostomy refers to a surgically formed artificial opening that serves as an exit site for a stoma that the surgeon has made from the small intestine, large intestine, or urinary bladder to the outside of the body.

Ostomy supplies are categorized as prosthetic devices (devices that replace all or part of an absent body organ or the function of a permanently inoperative or malfunctioning body organ) and are used by individuals with a surgically created opening (stoma) to divert urine, feces, or ileal contents outside of the body. They can also be used for drainage of an abnormal opening or for a malfunctioning organ (eg, fistula).

Procedure

Prior authorization is required. Requesting provider should submit request to VCHCP UM Department including clinical notes demonstrating medical necessity.

Review History:

Author/Reviewer: Cynthia Wilhelmy, MD; Date: October 24, 2006

Committee Review: UM: November 06, 2006; QAC: November 14, 2006

Reviewed/No Updates: Faustine Dela Cruz, RN & Albert Reeves, MD; November 7, 2011

Committee Review: UM: November 10, 2011; QAC: November 22, 2011

Reviewed/No Updates: Albert Reeves, MD; Date: April 17, 2012

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Committee Reviews: UM: May 10, 2012; QAC: May 22, 2012
 Reviewed/No Updates: Albert Reeves, MD; Date: January 28, 2013
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 Reviewed/No Updates: Catherine Sanders, MD
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 Reviewed/No Updates: Catherine Sanders, MD
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 Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD
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 Committee Review: UM: February 8, 2018; QAC: February 27, 2018
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 Reviewed/Updated by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 20, 2025; QAC: February 25, 2025

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
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2/17/22	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
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2/8/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/20/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Replaced word “eligible” with “contracted” Removed “Attachments: None”

References: None