



Health & Human Services

OSTOMY SUPPLIES

Service Authorization: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2025

OSTOMY SUPPLIES

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following conditions are present:

- Colostomy
- Ileostomy
- Urinary Ostomies

Supplies:

- Quantity of supplies will vary depending on the type of ostomy, location, construction, and the condition of the skin around the stoma.
- Liquid barrier is allowed ([A4369](#)).
- Continent stoma members may use one of the following to prevent/manage drainage: stoma cap ([A5055](#)), stoma plug ([A5081](#)), or gauze pads ([A6216](#)).
- No more than one type of supply would be medically necessary on a given day.
- Urinary ostomy members may use either a bag ([A4357](#)) or bottle ([A5102](#)) for drainage at night. It is not medically necessary to have both.

Documentation Requirements:

- A prescription from a prescribing physician/practitioner.
- Medical documentation supporting the need.
- Physician/practitioner exam per the current DME Manual's requirements.



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Date Revised	Revisions
February 2017	Reviewed and reformatted.
February 2020	Added new logo.
December 27, 2022	Added to Document Required section: <ul style="list-style-type: none"> • A prescription from a prescribing physician/practitioner. • Medical documentation supporting the need. • Physician/practitioner exam per the current DME Manual’s requirements. Deleted from Document Required section: <ul style="list-style-type: none"> • Reference the DME Manual and the General Information Provider Manual for the required documents for the member’s file needed for post-pay audit purposes.
November 29, 2023	Reviewed and reformatted. No changes.
December 18, 2025	Reviewed and reformatted. Removed “CMN” verbiage from the header section.