

General Medicare Coverage for Ostomy Products

Medicare covers items that are usually thought to be medically necessary. The table below shows the maximum number of items that are usually medically necessary for some common ostomy products.

Questions?

Please call Comfort Medical at 800-719-1663. We are here to help!

HCPCS ¹	Description	Usual Maximum
A4357	Bedside drainage bag	2 each / month
A4362	Solid skin barrier 4x4 inches	20 each / month
A4367	Ostomy belt	1 each / month
A4368	Ostomy pouch filter	* no maximum listed
A4369	Skin barrier, liquid, per ounce	2 ounces / month
A4371	Skin barrier, powder, per ounce	10 ounces / 6 months
A4373	Skin barrier with flange, convex	* no maximum listed
A4388	Ostomy drainable pouch with extended wear barrier	* no maximum listed
A4389	Ostomy drainable pouch with barrier, convex	* no maximum listed
A4394	Ostomy pouch liquid deodorant	8 ounces / month
A4396	Support belt	
A4404	Ostomy ring	10 each / month
A4405	Ostomy paste (non-pectin based)	4 ounces / month
A4406	Ostomy paste (pectin based)	4 ounces / month
A4407	Skin barrier with flange, extended wear, convex (4x4 inches or smaller)	* no maximum listed
A4409	Skin barrier with flange, extended wear (4x4 inches or smaller)	* no maximum listed
A4412	HOPO w filter > 750ML	
A4413	HOPO w filter > 750ML	
A4414	Skin barrier with flange, standard wear (4x4 inches or smaller)	20 each / month
A4415	Ostomy standard wear skin barrier greater than 4x4 inches	20 each / month
A4416	Ostomy closed end pouch with filter	60 each / month
A4417	Ostomy closed end pouch with barrier, convex, filter, one-piece	60 each / month
A4419	Ostomy closed end pouch with filter on non-locking system	60 each / month
A4423	Ostomy closed end pouch for locking system, with filter	60 each / month
A4424	Ostomy drainable pouch with barrier, filter, one-piece	20 each / month
A4425	Ostomy drainable pouch for non-locking system, with filter	20 each / month
A4426	Ostomy drainable pouch for locking system, non-filter	20 each / month
A4427	Ostomy drainable pouch for locking system, with filter	20 each / month
A4433	Ostomy urinary pouch for locking system	20 each / month
A5055	Stoma cap	31 each / month
A5056	Ostomy drainable pouch with extended wear barrier, filter, one-piece	40 each / month
A5057	Ostomy drainable pouch with extended wear barrier, convex, filter, one-piece	40 each / month
A5061	Ostomy drainable pouch with barrier attached; one-piece	20 each / month
A5063	Ostomy drainable pouch with flange, non-filter	20 each / month
A5071	Urinary pouch with barrier	20 each / month
A5073	Urinary pouch for use on barrier with flange; two-piece	20 each / month
A5120	Skin barrier wipes or swab, each	150 each / 6 months

* Medicare has not set a maximum number of supplies for this HCPCS code.

1. **Reimbursement Disclaimer:** Comfort Medical provides this information for your general reference and related to the reimbursement of ostomy products only. Reimbursement, coverage and payment policies can vary from one insurer and region to another, and may change over time. Comfort Medical does not guarantee coverage or payment of products.