

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

## Ostomy Supplies Policy

### Policy

VCHCP covers ostomy supplies as needed by the member when all of 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 an eligible health care provider.
- The ostomy supplies are supplied by an eligible 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 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 from a malfunctioning organ (eg, fistula).

Prosthetic devices replace all or part of an absent body organ or the function of a permanently inoperative or malfunctioning body organ.

### Procedure:

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

**A.** Attachment: None

**B.** Author/Reviewer: Cynthia Wilhelmy, MD; Date: October 24, 2006  
Committee Review: UM: November 06, 2006; QAC: November 14, 2006  
Reviewed/No Changes: Faustine Dela Cruz, RN & Albert Reeves, MD; November 7, 2011  
Committee Review: UM: November 10, 2011; QAC: November 22, 2011  
Reviewed/No Changes: Albert Reeves, MD; Date: April 17, 2012  
Committee Reviews: UM: May 10, 2012; QAC: May 22, 2012  
Reviewed/No Changes: Albert Reeves, MD; Date: January 28, 2013  
Committee Review: UM: February 14, 2013; QAC: February 26, 2013  
Reviewed/No Changes: Catherine Sanders, MD  
Committee Review: UM: February 13, 2014; QAC: February 25, 2014  
Reviewed/No Updates: Catherine Sanders, MD  
Committee Review: UM: February 12, 2015; QAC: February 24, 2015

Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD  
 Committee Review: UM: February 11, 2016; QAC: February 23, 2016  
 Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD  
 Committee Review: UM: February 9, 2017; QAC: February 28, 2017  
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD  
 Committee Review: UM: February 8, 2018; QAC: February 27, 2018  
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD  
 Committee Review: UM: February 14, 2019; QAC: February 26, 2019  
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD  
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020

<b>Revision Date</b>	<b>Content Revised (Yes/No)</b>	<b>Contributors</b>	<b>Review/Revision Notes</b>
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

C. References: None