3rd Annual Day of Education (2020):

A Guide to Achieving Successful Outcomes in the

Wound, Ostomy, and Continence Patient: A Practical Approach

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WoundCon™ - Virtual Wound Care Conference 4-2-2020 (Free for licensed health care professionals)

PACS (Post-Acute Care Symposium) May 15-16, 2020 San Diego, CA

https://www.pacsymposium.com/


"As more and more of the care of patients with wounds shifts from acute care to post-acute care settings, it is imperative that wound care clinicians and providers understand the complexity of this space. The Post-Acute Care Symposium provides practical strategies and current insights from our experienced interprofessional faculty."

Diane L. Krasner, PhD, RN, FAAN, Wound and Skin Care Consultant, PACS Co-Chair
Ostomy (Colostomy or Urostomy) Support Groups

Penn State Health – 500 University Drive, Hershey, PA 17033
Bladder Cancer Support Group - meets 6 X a year,
*Contact for support Theda Shaw RN 717-531-3038

UPMC Pinnacle Ostomy Support Group 2019 schedule is as follows:
Community General Campus -- 4300 Londonderry Rd, Harrisburg, PA 17109
*Light refreshments are served. Vendor to speak to the group regarding new ostomy products and members speak to the group about their life with an ostomy. A group discussion follows.
*If anyone wants to join please RSVP to Lynn DeMartyn, BSN, RN CWOCN at 717-782-5565
At least one week prior to meeting in order to have enough refreshments for the group.
All are welcome.

https://www.ostomy.org/support-group-finder/
Home Health Agencies with CWOCN as of March 2020

Adams County
SpiriTrust Lutheran Home Care: Tel: 717-264-8178 Fax: 717-264-3597
VNA of Hanover and Spring Grove: Tel: 717-637-1227 Fax: 717-637-9772
Wellspan VNA Home Care •York-Adams County VNA Tel: 717-812-4433 Fax: 717-812-8193

Bedford County
Home Nursing Agency and VNA Tel: 814-946-5411 Fax: 814-941-1648
Nason Hospital Home Health Agency Tel: 814-224-6218 Tel: 814-224-6248

Berks County
Tower Health at Home (Berks Location): Tel: 484628-4663. Fax: 484-628-4664
https://towerhealthathome.org/
Bayada (Berks County office) Tel: 610-406-9000 (Reference CWOCN in System)

Blair County
Home Nursing Agency and VNA Tel: 800-992-2554, 814-941-1627 Fax: 888-277-8190

Bucks County
Abington Memorial Hospital Home Care Tel: 215-481-5800 Fax: 218-481-5850
Bayada Nurses-Willow Grove Tel: 215-657-7711 Fax: 215-657-5376
Grandview Hospital Community Nurse Home Care (access through hospital) Tel: 215-453-4265 Fax: 215-453-8593
VNA of Eastern Pa Tel: 610-694-1100 Fax: 610-954-2810

Cambria County
Home Nursing Agency Tel: 814-472-4752 Fax: 814-472-8691

Cameron County
Community Nurses Inc. Tel: 814-781-1415 Fax: 814-781-6987
Community Nurses of Cameron Tel: 814-486-1216 Fax: 814-486-3127
Ridgeway Community Nurse Service Tel: 814-773-5705 Fax: 814-776-6246
Carbon County
Lehigh Valley Home Care Tel: 610-402-7300 Fax: 610-402-7382

Centre County
Home Nursing Agency Tel: 814-946-5411 Fax: 814-941-2482
Penn Highland Clearfield Hospital Home Health: Tel: 814-768-2125 Fax: 814-768-2350
VNA Health System Tel: 888-968-7862 Fax: 570-648-9590

Chester County
Affilia Home Care (Berks Location): Tel: 484-628-4663. Fax: 484-628-4664
Community Care (access through Lancaster VNA branch) Tel: 610-384-4200 Fax: 610-466-4501
Personal Health Care Inc. Tel: 610-933-6130 Fax: 610-933-0154

Clinton County
VNA Health System Tel: 888-968-7862 Fax: 570-648-1429

Clearfield County
Clearfield Hospital Home Health: Tel: 814-768-2000, Fax: 814-768-2350.
Punxsutawney Home Health Care (uses CWOCN from hospital wound clinic) Tel: 814-938-2431 Fax: 814-939-1981

Columbia County
Erwine’s Home Health Tel: 570-288-1013 Fax: 570-283-3722
VNA Health System Tel: 570-648-8989 Fax: 570-648-1429

Cumberland County
Affilia Home Health (Pinnacle): Tel: 717-724-6670 Fax 724-6676 (Ask for CWOCN)
Bayada Nurses Tel: 717-561-8800 Fax: 717-561-5073
Intrepid home Care Tel: 717-545-1910 Fax: 717-545-1952 (Wound Care nurse only, not ostomy)
SpiriTrust Lutheran Home Care: Tel: 717-264-8178  Fax: 717-264-3597
Dauphin County
Affilia Home Health (Pinnacle): Tel: 717-724-6670 Fax: 717-724-6676 (Ask for CWOCN)
Bayada Nurses Tel: 717-561-8800 Fax: 717-561-5073
Intrepid Home Care Tel: 717-545-1910 Fax: 717-545-1952 (Wound Care nurse only, not ostomy)
SpiriTrust Lutheran Home Care: Tel 717-264-8178 Fax 717-264-3597

Delaware County
Bayada Nurses- Paoli Tel: 610-648-9200 Fax: 610-648-9446
Bayada Nurses-Media Tel: 610-891-9400 Fax: 610-892-9208
Bayada Nurses- Wayne Tel: 610-975-9600 Fax: 610-975-0752
Continuous Home Care Tel: 610-853-6798 Fax: 610-853-6799
Crozer-Chester Medical Center Home Health Tel: 610-447-2360 Fax: 610-447-6027
Delaware Co. Mem Hospital Home Care Tel: 610-284-0700 Fax: 610-284-2451
Taylor Hospital Home Health Tel: 610-595-6430 Fax: 610-595-6688

Ephrata
Wellspan VNA Home Care of Ephrata: Tel: 717-738-3220 Fax: 717-738-2733

Franklin County
SpiriTrust Lutheran Home Care: Tel 717-264-8178 Fax 717-264-3597
VNA of Chambersburg Tel: 717-264-2128 Fax: 717-264-1148

Fulton County
Home Nursing Agency Tel: 814-946-5411 Fax: 814-941-1648

Gettysburg
Wellspan VNA Home Care of Gettysburg Tel: 717-812-4433

Huntingdon County
Home Nursing Agency Tel: 814-946-5411 Fax: 814-941-1648
Home Nursing Agency of Huntingdon Tel: 814-643-5585 Fax: 814-643-7326
Nason Hospital Home Health Tel: 814-224-6218 Fax: 814-224-6248
Indiana County
VNA of Indiana County Tel: 724-463-6340

Juniata County
No CWOCN identified

Lackawanna County
Allied Home Care: Tel: 570-348-2200. Fax: 570-348-2246

Lancaster County
Amedisys: Tele: 291-8396. Fax: 291-6788 (Regional CWOCN)
Bayada: Tel: 717-295-4555. Fax: 717-295-4559: (Wound Nurse only)
Extended Family Care Tel: 717-391-6363 Fax: 717-391-6367 (No IV care)
Faithful Nursing  Telephone 717 584 1100 Fax: 717 584 1101
Health Calls: 610-927-3166 Fax: 610-927-3164 (No IV care): Northern Lancaster only
Heartland Home Care- Telephone 717 840 9750 Fax: 717 840-9655
Intrepid Home Care Tel: 717-545-1910 Fax: 717-545-1952 (Wound Care nurse only, not ostomy)
Kindred at Home – Tel: 717 291 5943 Fax: 717 291 4415
Wellspan VNA Home Care of Ephrata: Tel: 717-738-3220 Fax: 717-738-2733

Lebanon County
Amedisys: Tele: 291-8396. Fax: 291-6788 (Regional CWOCN, parts of Lebanon)
Bayada Nurses Fax: 717-561-8800 Fax: 717-561-5073
Intrepid Home Care Tel: 717-545-1910 Fax: 717-545-1952 (Wound Care nurse only, not ostomy)
Wellspan VNA Home Care of Lebanon: 717-274-2591 Fax: 717-274-3923

Lehigh County
Lehigh Valley Home Care Tel: 610-402-7300 Fax: 610-402-7382
Sacred Heart VNA Tel: 610-871-2802 Fax: 610-871-5918
VNA of Eastern PA Tel: 610-691-1100 Fax: 610-697-2271
Lycoming County
VNA Health System Tel: 888-968-7862 Fax: 570-648-8989

Luzerne County
Allied Home Care: Tel: 570-348-2200. Fax: 570-348-2246
Commonwealth Home Health and Hospice (access to hospital CWOCN) Tel: 570-718-4400
Erwine’s Home Health Tel: 570-288-1013 Fax: 570-283-3722
Hazleton General Home Care (can refer to hospital CWOCN) Tel: 570-501-4949 Fax: 570-501-4969

Mifflin County
Home Nursing Agency Tel: 814-946-5411 Fax: 814-941-2482

Monroe County
VNA of Monroe County (per diem CWOCN) Tel: 570-421-5390 Fax: 570-517-7420

Montgomery County
Abington Memorial Hospital Home Care Tel: 215-481-5800 Fax: 218-481-5850
Bayada Nurses-Willow Grove Tel: 215-657-7711 Fax: 215-657-5376
Bayada Nurses-Wayne Tel: 610-975-9600 Fax: 610-975-0752
Doylestown Hospital VNA Tel: 215-345-2202 Fax: 267-880-1393
Holy Redeemer Home Health Tel: 215-671-9200 Fax: 215-671-9708
Montgomery Home Care Tel: 610-272-1080 Fax: 610-270-0556
Tower Health at Home (Pottstown Location): Tel: 610-327-5700 Fax: 610-327-5701
https://towerhealthathome.org/

Montour County
No CWOCN’s identified

Northampton County
Lehigh Valley Home Care Tel: 610-402-7300 Fax: 610-402-7382
VNA of Eastern PA Tel: 610-691-1100 Fax: 610-954-2810
Northumberland County
Family Medical, Inc Tel: 570-339-4049 Fax: 570-339-1643

Perry County
Affilia Home Health (Pinnacle): Tel: 717-231-6363 Fax: 717-231-8031
Bayada Nurses- Tel: 717-561-8800 Fax: 717-561-5073

Philadelphia County
Abington Memorial Hospital Home Care Tel: 215-481-5800 Fax: 218-481-5850
Bayada Nurses- Wayne Tel: 610-975-9600 Fax: 610-975-0752
Delaware Co. Memorial Hospital Home Care Tel: 610-284-0700 Fax: 610-284-2451
In Home Program Inc (Mars Care) Tel: 215-232-4357 Fax: 215-763-4146

Pike County
Allied Home Care: Tel: 570-348-2200. Fax: 570-348-2246
Commonwealth Home Care and Hospice (access through hospital CWOCN) Tel: 570-961-0725 Fax: 570-340-5484

Schuylkill County
Affilia Home Health (Pinnacle): Tel 717-231-6363 Fax 717-231-8031 (Must ask for CWOCN)
Lehigh Valley Home Care Tel: 610-402-7300 Fax: 610-402-7382
SpiriTrust Lutheran Home Care: Tel 717-264-8178 Fax 717-264-3597
VNA Health System Tel: 888-968-7862 Fax: 570-648-1429

Snyder County
VNA Health System Tel: 888-968-7862 Fax: 570-648-1429

Somerset County
Fayette Home Care Tel: 724-439-1610 Fax: 724-430-6892
Home Health and Hospice Somerset Hospital (wound center at hospital) Tel: 814-443-4663 Fax: 814-443-5269
Intrepid Home Care Tel: 717-545-1910 Fax: 717-545-1952 (Wound Care nurse only, not ostomy)
Winder Home Health Agency (uses hospital CWOCN) Tel: 814-467-3762 Fax: 814-467-8692
**Sullivan County**
Commonwealth Home Health (uses hospital CWOCN) Tel: 570-836-1640 Fax: 570-836-6415

**Susquehanna County**
Allied Home Health Tel: 570-348-2200 Fax: 570-348-2246
Commonwealth Home Health (uses hospital CWOCN) Tel: 570-836-1640 Fax: 570-836-6415

**Union County**
VNA Health System Tel: 570-648-8989 Fax: 570-648-1429
VNA of Venango City (access through wound clinic) Tel: 814-432-655

**Wayne County**
Allied Home Care: Tel: 570-348-2200. Fax: 570-348-2246
Wayne Memorial Hospital Home Health Tel: 570-253-7320 Fax: 570-253-7330

**Wyoming County**
Allied Home Care: Tel: 570-348-2200. Fax: 570-348-2246.
Commonwealth Home Health (uses hospital CWOCN) Tel: 570-961-0725 Fax: 570-430-5484
Tyler Home Health Services (uses hospital CWOCN) Tel: 570-836-1640 Fax: 570-836-6415

**York County**
Affilia Home Health (Pinnacle/Lancaster)): Tel: 717-290-2195 Fax: 717-397-8480
Intrepid Home Care Tel: 717-545-1910 Fax: 717-545-1952 (Wound Care nurse only, not ostomy)
SpiriTrust Lutheran Home Care: 264-8178 Fax 717-264-3597
VNA of Hanover/Spring Grove: Tel: 717-637-1227. Fax: 717-637-9772
VNA Home Health Gettysburg Tel: 717-334-1490 Fax: 717-337-4133
Wellspan VNA Home Care of York: •York-Adams County Tel: 717-812-4433 Fax: 717-812-8193
Outpatient Ostomy and Wound Care Centers:

Berks County

Wound Healing & Hyperbaric Center - Tower Health Medical Group
2603 Keiser Blvd, Wyomissing, PA 19610
PHONE 484-628-3939
FAX 484-628-3940
Services Offered: Advanced Wound Care, Ostomy Care, Hyperbaric Medicine

Blair County

UPMC Altoona Wound Care & Ostomy
UPMC Altoona Hospital Campus, G Bldg.
Altoona, PA 16601
PHONE 814-889-4164
Services Offered: Advanced Wound Care, Hyperbaric Medicine, Outpatient Ostomy Clinic

Centre County

Mount Nittany Center for Wound Care
120 Radnor Rd, State College, PA 16801
CWOCN at hospital can be reached at 814-234-6195
Center for Wound Care can be reached at 814-231-7868
WOC nurses see outpatient Ostomates in their treatment unit and have also traveled to the Center for Wound Care to assist with ostomy patients if they also have wounds.

Cumberland County

Geisinger Holy Spirit Hospital Outpatient Ostomy Services
503 North 21st Street
Camp Hill, PA 17011
PHONE 717-763-2438
Services Offered: Outpatient Ostomy Services
UPMC Carlisle Regional Medical Center - Advanced Wound Healing Center
366 Alexander Spring Road
Carlisle, PA 17015
PHONE 717-243-1900
FAX 717-243-1910
Services Offered: Advanced Wound Care, Hyperbaric Medicine, Outpatient Ostomy Clinic

Lebanon County
Lebanon VA Medical Center
Outpatient Wound/Ostomy Clinic
1700 South Lincoln Ave.
Bldg. 17, 4th floor B
Lebanon, PA 17042
717-272-6621 ext. 4217

Lehigh County
Lehigh Valley Health Network Muhlenberg
Ostomy Clinic at the Wound Center in Muhlenberg Hospital
2545 Schoenerville Road
Bethlehem, PA 18107
PHONE 484-884-2989
FAX 484-884-4243
*Ostomy Clinic Every Wednesday for 4 slots only
Services Offered: Advanced Wound Care, Ostomy Clinic, Hyperbaric Medicine

York County
WellSpan Health York Wound Healing Center
1399 S. Queen St.
York, PA 17403
PHONE 717-812-2480
Services Offered: Advanced Wound Care, Hyperbaric Medicine, Outpatient Ostomy Clinic
Outpatient Wound Care Centers:

Berks County

Penn State Health St. Joseph Downtown Reading
145 N 6th Street
Reading, PA 19601
PHONE 610-378-200
Services Offered: Advanced Wound Care, Hyperbaric Medicine

Penn State Health St. Joseph Spring Ridge Health Corridor
2607 Keiser Blvd.
Wyomissing, PA 19610
PHONE 610-743-3139
FAX 610-743-3143

Wound Healing & Hyperbaric Center - Tower Health Medical Group
2603 Keiser Blvd, Wyomissing, PA 19610
PHONE 484-628-3939
FAX 484-628-3940
Services Offered: Advanced Wound Care, Ostomy Care, Hyperbaric Medicine

Blair County

UPMC Altoona Wound Care & Ostomy
UPMC Altoona Hospital Campus, G Bldg.
Altoona, PA 16601
PHONE 814-889-4164
Services Offered: Advanced Wound Care, Hyperbaric Medicine, Outpatient Ostomy Clinic
Centre County
Mount Nittany Center for Wound Care
120 Radnor Rd, State College, PA 16801
CWOCN at hospital can be reached at 814-234-6195
Center for Wound Care can be reached at 814-231-7868
WOC nurses see outpatient Ostomates in their treatment unit and have also traveled to the Center for Wound Care to assist with ostomy patients if they also have wounds.

Cumberland County
Geisinger Holy Spirit Outpatient Wound Center
503 North 21st Street
Camp Hill, PA 17011
PHONE 717-972-7177
Services Offered: Advanced Wound Care, Hyperbaric Medicine

Cumberland County
UPMC Carlisle Regional Medical Center - Advanced Wound Healing Center
366 Alexander Spring Road
Carlisle, PA 17015
PHONE 717-243-1900
FAX 717-243-1910
Services Offered: Advanced Wound Care, Hyperbaric Medicine, Outpatient Ostomy Clinic

UPMC PinnacleHealth Wound and Hyperbaric Center (West)
2025 Technology Parkway Suite G07
Mechanicsburg, PA 17050
PHONE 717-791-2440
FAX 717-791-2441
Services Offered: Advanced Wound Care, Hyperbaric Medicine
**Dauphin County**

Penn State Hershey Health Rehabilitation Outpatient Center for Wound Care  
1135 Old West Chocolate Avenue  
Hummelstown, PA 17036  
P: (717) 832-2600  
F: (717) 832-2665  
Referral Phone: (717) 832-2700  
Referral Fax: (717) 547-8647  
Services Offered: Advanced Wound Care, Hyperbaric Medicine

UPMC PinnacleHealth Wound and Hyperbaric Center (East)  
4310 Londonderry Road  
Suite 1A, Harrisburg, PA 17109  
PHONE 717-671-2050  
FAX 717-671-2052  
Services Offered: Advanced Wound Care, Hyperbaric Medicine

**Lancaster County**

The Wound Healing Center of UPMC Pinnacle Lancaster  
90 Good Drive Suite 101  
Lancaster, PA 17603  
PHONE 717-299-3020  
Services Offered: Advanced Wound Care, Hyperbaric Medicine

WellSpan Health Ephrata Wound Healing Center  
175 Martin Ave.  
Ephrata, PA 17527  
PHONE 717-738-6674  
Services Offered: Advanced Wound Care, Hyperbaric Medicine
Lebanon County
Lebanon VA Medical Center
Outpatient Wound/Ostomy Clinic
1700 South Lincoln Ave.
Bldg. 17, 4th floor B
Lebanon, PA 17042
717-272-6621 ext. 4217

WellSpan Health Good Samaritan Wound Healing Center
840 Tuck Road
Lebanon, PA 17042
PHONE 717-675-2545
Services Offered: Advanced Wound Care, Hyperbaric Medicine

Lehigh County
Lehigh Valley Physician Group (LVPG) Wound Healing - 1210 Cedar Crest
Jaindl Family Pavilion, 2nd floor
Lehigh Valley Hospital-Cedar Crest
1200 S. Cedar Crest Blvd. Allentown, PA 18103
PHONE 484-884-2989 FAX 484-884-4243
Services Offered: Advanced Wound Care, Hyperbaric Medicine

LVPG Wound Healing – Muhlenberg
2545 Schoenersville Road Third Floor
Bethlehem Pennsylvania, 18017-7300
PHONE 484-884-2989
FAX 484-884-4243
Services Offered: Advanced Wound Care, Ostomy Clinic, Hyperbaric Medicine

York County
WellSpan Health York Wound Healing Center
1399 S. Queen St.
York, PA 17403
PHONE 717-812-2480
Services Offered: Advanced Wound Care, Hyperbaric Medicine, Outpatient Ostomy Clinic
Ostomy and Urologic Samples and Support Contact Information

**Convatec me+™ Starter Kit™** Free product samples for your patients
- Printable, Customized Patient Care Plan
- Send multiple product samples to existing patients
- Save your favorite kits for faster checkout
- Email order confirmation with shipment tracking
Contact us by phone (1-877-585-0470 opt. 1) or email concierge@convatec.com or via Web Ordering Tool http://starterkit.convatec.com/

**Coloplast® Care** ostomy product samples -
Contact us by phone at 1-855-605-7588 or email at samples@coloplast.com or web ordering
https://www.coloplast.us/about-us/coloplast_samples/ostomy_stoma_pouch_samples/

**Hollister Secure Start™** Services
To get started, click below or call us at 1.888.808.7456.

**Nu-Hope®** ostomy samples
Hours: Monday-Friday 8 am-4:00 pm *Pacific Time*
Customer Service Email: info@nu-hope.com
**Sample Requests via phone** 1-800-899-5017 Email: promo@nu-hope.com or web page
http://nu-hope.com/Sample_request/pouches.html

**Osto Group** ostomy supplies – Offering those in need a hand up not a hand out.
**Ostomy Products to the Uninsured** All you pay is shipping and handling.
CAN’T FIND SOMETHING? DON’T GIVE UP! Call 877-678-6690
http://www.ostogroup.org/

**Liberator Medical** Sample Pack
Are you using the best catheter for you?
- Are you experiencing any discomfort when you catheterize?
- Are you experiencing any other issues when you catheterize?
- Get FREE samples to find the best solution for you.
Call: 866-639-7140 Bringing Better Healthcare Home to You™ Free Samples
http://supplies.liberatormedical.com
Ostomy Supply Allowances

Medicare covers ostomy supplies for beneficiaries with a surgically created opening (stoma) to divert urine, or fecal contents outside the body. Ostomy supplies are appropriately used for colostomies, ileostomies, or urinary ostomies, use for other conditions will be denied as non-covered. Medicare covers ostomy, urological and wound care supplies under Medicare Part B coverage, Medicare pays 80% and the individual or their copay insurance pays 20%. If Private or Managed Medicare insurance an individual may or may not have a copay.

Medicare coverage of ostomy, urological and wound care supplies occurs if patient is not under home health services at the time. While under home health services the home health agency is responsible for the supplies if patient has Medicare or certain insurances. Most private insurances pay for supplies separately even while under home care services.

HCPCS Description – Usual/Maximum

A4357 Bedside drainage bag, 2 each / month
A4362 Solid skin barrier 4x4, 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
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
A4414 Skin barrier with flange, standard wear (4x4 inches or smaller), 20 each / month
A4415 Ostomy standard wear skin barrier greater than 4x4, 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

NOTE: Most insurance companies follow Medicare guidelines. Every product that is covered by insurance has a Medicare-assigned HCPCS code to classify the type of product and the usage covered by insurance. When a product does not have a HCPCS code, it is not covered by insurance.

HCPCS refers to Healthcare Common Procedure Coding System used by doctors and other health providers to describe and bill for medical supplies.

* Those covered under Medicare are all U.S. citizens who qualify and lawfully admitted noncitizens who have lived here for at least five years who qualify.

** Medicare has not set a maximum number of supplies for this HCPC

http://www.ner-wocn.org/clinical-member-resources/patient-resources
Urologic Supply Allowances

Medicare covers only one Indwelling Catheter (A4311 - A4316, A4338 - A4346) per month for routine catheter maintenance. Medicare only covers non-routine catheter changes under medical necessity. Documentation must show medical necessity for the following indications:

◦ Catheter is accidently removed
◦ Malfunction of catheter
◦ Catheter is obstructed
◦ History of urinary tract infection or recurring obstruction that requires a schedule change frequency of more than once per month

Medicare only covers one Catheter Insertion Tray (A4310-A4316, A4353, and A4354) per episode of insertion.

• Medicare only covers Intermittent Irrigation of an Indwelling Catheter supplies on a non-routine basis when there is an acute obstruction in the catheter.
• Medicare covers Continuous Irrigation of Indwelling Catheters when a history of obstruction and patency cannot be maintained with intermittent irrigation and catheter changes.
• Urinary drainage bags are typically covered at one per month unless additional medical necessity provided.
• Leg bags are indicated for beneficiaries who are ambulatory or are chair or wheelchair bound. The use of leg bags for bedridden beneficiaries would be denied as not reasonable and necessary.
• Intermittent catheterization is covered when basic coverage criteria are met and the beneficiary or caregiver can perform the procedure.

Usual Maximum Quantity of Intermittent Catherization Supplies

<table>
<thead>
<tr>
<th>Code</th>
<th>Number per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4332</td>
<td>200</td>
</tr>
<tr>
<td>A4351</td>
<td>200</td>
</tr>
<tr>
<td>A4352</td>
<td>200</td>
</tr>
<tr>
<td>A4353</td>
<td>200</td>
</tr>
</tbody>
</table>

Additional coverage criteria for sterile intermittent catheter kit includes:

◦ Resides in a nursing facility
◦ Immunosuppressed
◦ Documented vesico-ureteral reflux while on a program of intermittent catheterization
◦ Spinal cord injured pregnant female with neurogenic bladder
◦ Recurrent UTIs twice within 12 months prior to initiation of sterile intermittent catheter kits

- Medicare covers External Catheters/Urinary Collection Devices female or male external urinary collection devices as an alternative to an indwelling catheter for patients who have permanent urinary incontinence.
- Male external catheters should not exceed a quantity of 35/month (A4349)
- Female external collection devices should not exceed more than one meatal cup (A4327) per week or one pouch (A4328) per day

For a specific list of covered supplies for the above-mentioned catheter types, please refer to LCD L33803.


# Wound and Ostomy Care Suppliers and Wound Care Allowances

Byram Healthcare  1-877-902-9726  [www.byramhealthcare.com](http://www.byramhealthcare.com)

Edgepark Medical Supplies  1-888-394-5375  [www.edgepark.com](http://www.edgepark.com)


Prism 1-888-244-6421  [WWW.PRISM-MEDICAL.COM](http://WWW.PRISM-MEDICAL.COM)

Guidance on Local Coverage Determination (LCD): Surgical Dressings (L33831) Allotments
[https://med.noridianmedicare.com/documents/2230703/7218263/Surgical+Dressings+LCD+and+PA/202d2835-2c25-4388-82b0-e74d280e137f](https://med.noridianmedicare.com/documents/2230703/7218263/Surgical+Dressings+LCD+and+PA/202d2835-2c25-4388-82b0-e74d280e137f)

[https://www.cms.gov/medicare-coverage-database/search/search-results.aspx?CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=All&KeyWord=Surgical+Dressings&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAAAABBA%3D%3D&=&](https://www.cms.gov/medicare-coverage-database/search/search-results.aspx?CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=All&KeyWord=Surgical+Dressings&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAAAABBA%3D%3D&=&)

<table>
<thead>
<tr>
<th>Code</th>
<th>Product Description</th>
<th>Exudate Type</th>
<th>Dressing Change Frequency</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>A6196-A6199</td>
<td>Alginate or Other Fiber Gelling Dressing</td>
<td>Moderate to high exudate</td>
<td>Dressing change is up to once per day - 30 per month</td>
<td>For full thickness wounds (e.g., stage III or IV ulcers); and alginate or other fiber gelling dressing fillers for moderately to highly exudative full thickness wound cavities (e.g., stage III or IV ulcers). They are not reasonable and necessary on dry wounds or wounds covered with eschar.</td>
</tr>
<tr>
<td>A6010, A6011, A6021-A6024</td>
<td>Collagen Dressing or Wound Filler</td>
<td>Light to moderate exudate</td>
<td>They can stay in place up to 7 days, depending on the specific product.</td>
<td>For full thickness wounds (e.g., stage III or IV ulcers) wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal. Collagen based dressings are not covered for wounds with heavy exudate, third-degree burns, or when an active vasculitis is present.</td>
</tr>
<tr>
<td>A6203-A6205</td>
<td>Composite Dressing</td>
<td>Moderate to high exudate</td>
<td>Up to 3 times per week, one wound cover per dressing</td>
<td>One wound cover sheet of the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches of alginate or other fiber gelling dressing rope) is used at each dressing change.</td>
</tr>
<tr>
<td>A6206-A6208</td>
<td>Contact Layer</td>
<td>Any exudate level</td>
<td>Dressing change is up to once per week unless medical necessity supports more frequent changes.</td>
<td>Contact layer dressings are used to line the entire wound to prevent adhesion of the overlying dressing to the wound. They are not reasonable and necessary when used with any dressing that has a non-adherent or semi-adherent layer as part of the dressing. They are not intended to be changed with each dressing change.</td>
</tr>
<tr>
<td>A6209-A6215</td>
<td>Foam Dressing or Wound Filler</td>
<td>Moderate to heavy exudate</td>
<td>Up to 3 x per week – 12 per month for cover dressings. For foam wound fillers up to once per day.</td>
<td>For full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change is up to 3 times per week. Dressing change frequency for foam wound fillers is up to once per day.</td>
</tr>
<tr>
<td>A6216-A6221, A6402-A6404, A6407</td>
<td>Gauze, Non-Impregnated</td>
<td>3x per day for dressing without a border. 1z per day for dressing with a border – 30 per month.</td>
<td>Non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not reasonable and necessary to stack more than 2 gauze pads on top of each other in any one area.</td>
<td></td>
</tr>
<tr>
<td>A6222-A6224, A6266</td>
<td>Gauze, Impregnated, With Other Than Water, Normal Saline, Hydrogel, Or Zinc Paste</td>
<td>Dressing change is 1x per day – 30 per month.</td>
<td>Coverage is based upon the characteristics of the underlying material(s). Dressing change for gauze dressings impregnated with other than water, normal saline, hydrogel or zinc paste is up to once per day.</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Dressing Type</td>
<td>Description</td>
<td>Notes</td>
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<tr>
<td>A6228-A6230</td>
<td>Gauze, Impregnated, Water or Normal Saline</td>
<td>There is no medical necessity for these dressings compared to non-impregnated gauze which is moistened with bulk saline or sterile water. When these dressings are billed, they will be denied as not reasonable and necessary.</td>
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</tr>
<tr>
<td>A6234-A6241</td>
<td>Hydrocolloid Dressing</td>
<td>Light to moderate exudate.</td>
<td>Hydrocolloid dressings are covered for use on wounds with light to moderate exudate.</td>
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<tr>
<td></td>
<td></td>
<td>Up to 3x per week – 12 per month.</td>
<td>Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.</td>
<td></td>
</tr>
<tr>
<td>A6231-A6233, A6242-A6248</td>
<td>Hydrogel Dressing</td>
<td>Minimal or no exudate.</td>
<td>Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers.</td>
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<tr>
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<td>Up to 1x a day without adhesive border – 30 per month. Up to 3x per week for hydrogel wound covers with adhesive border – 12 per month. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.</td>
<td>Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days. Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time is not reasonable and necessary.</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Type</td>
<td>Exudate Type</td>
<td>Change Frequency</td>
<td>Change Frequency Notes</td>
</tr>
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<tr>
<td>A6251-A6256</td>
<td>Specialty Absorptive Dressing</td>
<td>Moderate to high exudative</td>
<td>1x per day for a dressing without a border – 30 per month. Every other day for a dressing with a border.</td>
<td>Specialty absorptive dressings are covered when used for moderately or highly exudative full thickness wounds (e.g., stage III or IV ulcers).</td>
</tr>
<tr>
<td>A6257-A6259</td>
<td>Transparent Film</td>
<td>Minimal exudate or closed wounds</td>
<td>Up to 3x per week – 12 per month.</td>
<td>Transparent film dressings are covered when used on open partial thickness wounds with minimal exudate or closed wounds.</td>
</tr>
</tbody>
</table>

Specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.