MONTANA
Department of Public Health & Human Services

October 5, 2009

Montana Healthcare Programs Notice

Durable Medical Equipment, Physician, Mid-Level Practitioner

Quantity Limits on Ostomy Products

Effective October 1, 2009

The Department will apply quantity limits for the following ostomy products. These limits follow those set by Medicare and are effective October 1, 2009. Claims submitted for quantities beyond these limits will deny.

Code	Max Units	Code	Max Units	Code	Max Units	Code	Max Units
A4357	2	A4415	20	A4432	20	A5071	20
A4362	20	A4416	60	A4433	20	A5072	20
A4364	4	A4417	60	A4434	20	A5073	20
A4367	1	A4418	60	A4450	40	A5081	31
A4369	2	A4419	60	A4452	40	A5082	1
A4377	10	A4420	60	A5051	60	A5093	10
A4681	10	A4423	60	A5052	60	A5121	20
A4397	4	A4424	20	A5053	60	A5122	20
A4402	4	A4425	20	A5054	60	A5126	20
A4404	10	A4426	20	A5055	31	A5131	1
A4405	4	A4427	20	A5061	20	A6216	60
A4406	4	A4429	20	A5062	20		
A4414	20	A4431	20	A5063	20		

Ostomy supplies are appropriately used for colostomies (569.60, 569.62, V44.3, V55.3), ileostomies (V44.2, V55.2), or urinary ostomies (V44.6, V55.6).

Referred to Medicare Policy Article A25375 and LCD L11491 for additional information.

Contact Information

For claims questions or additional information, contact Fran O'Hara, DME program officer, at (406) 444-5296 or Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837
E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

http://www.mtmedicaid.org

Visit the Medicare website:

http://www.noridianmedicare.org