

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://woundcon.com/?utm\\_source=sumo&utm\\_medium=popup&utm\\_campaign=woundcon&utm\\_content=1206201](https://woundcon.com/?utm_source=sumo&utm_medium=popup&utm_campaign=woundcon&utm_content=1206201)

<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

**PACS** Post-Acute Care Symposium  
**AMT** Advancing Medical Technology

Advancing quality outcomes through wound education.  
May 15–16  
2020  
San Diego

**RECEIVE 20% OFF YOUR REGISTRATION WITH CODE\* AMT20**

\*Valid only on non-member rate registrations. Cannot be applied to past purchases or member rates.

**SPEND 2 DAYS WITH THE LEADING POST-ACUTE CARE WOUND EXPERTS**

The Post-Acute Care Symposium (PACS) is designed for wound clinicians working in long-term care, home care, and hospice settings. PACS offers real-world educational sessions to help optimize wound treatment outcomes for residents/patients and providers.

**BENEFITS AT-A-GLANCE**

- 2 days of wound care education
- 8 top wound care expert faculty
- 10 CE credits
- Free download of the e-book *Chronic Wound Care: The Essentials*
- 4 focused educational sessions including:
  - Health Care Economics (PDM/PDGM)
  - Interprofessional Practice & Orientation
  - Clinical Issues in Post-Acute Care Settings Legal Care
- 4 complimentary meals and 2 receptions

**FREE ACCESS TO SAWC SPRING | WHS**

PACS is co-located with the Symposium on Advanced Wound Care (SAWC) Spring | Wound Healing Society (WHS) meeting. You get free access with your PACS Registration.

Register Today [pacsymposium.com](https://pacsymposium.com)

AMT is not endorsing PACS but merely supporting excellence in post-acute care education.

AN HMP EVENT

## 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/>



**United Ostomy Associations of America, Inc.**  
[www.ostomy.org](http://www.ostomy.org) ☎ 800-826-0826

*UOAA is an association of affiliated, non-profit, support groups committed to improving the quality of life of people who have, or will have, an intestinal or urinary diversion.*

HOME SUPPORT GROUPS JOIN UOAA OSTOMY INFO MAGAZINE DONATE CONTACT

## 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

Wellspring 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

SouthEastern Home Care: Tel: 1-866-285-2007. Fax: 215-826-8300 (prn CWOCN mostly weekends)

**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

SouthEastern Home Care: Tel: 1-866-285-2007. Fax: 215-826-8300 (prn CWOCN, mostly weekends)

**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

SouthEastern Home Care: Tel: 1-866-285-2007. Fax: 215-826-8300 (prn CWOCN mostly weekends)

Wellspring 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)

SouthEastern Home Care: Tel: 1-866-285-2007. Fax: 215-826-8300 (prn CWOCN mostly weekends)

Wellspring 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

SouthEastern Home Care: Tel: 1-866-285-2007. Fax: 215-826-8300 (prn CWOCN mostly weekends)

VNA of Hanover/Spring Grove: Tele: 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, 4<sup>th</sup> 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, 4<sup>th</sup> 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 [conciierge@convatec.com](mailto:conciierge@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](mailto:samples@coloplast.com) or web ordering [https://www.coloplast.us/about-us/coloplast\\_samples/ostomy\\_stoma\\_pouch\\_samples/](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.

<https://www.hollister.com/en/securestart/clinician/account/login>

**Nu-Hope®** ostomy samples

Hours: Monday-Friday 8 am-4:00 pm *Pacific Time*

Customer Service Email: [info@nu-hope.com](mailto:info@nu-hope.com)

**Sample Requests via phone** 1-800-899-5017 Email: [promo@nu-hope.com](mailto:promo@nu-hope.com) or web page [http://nu-hope.com/Sample\\_request/pouches.html](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.

### HCPSC 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 accidentally 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 Catheterization Supplies

Code	Number per Month
A4332	200
A4351	200
A4352	200
A4353	200

- 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.

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33803&ver=15&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=urological+supplies&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAACAAAAAA%3d%3d&>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProviderComplianceTipsforUrologicalSupplies-ICN909474.pdf>

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)

McKesson Patient Care Solutions 1-855-404-6727 [www.mckesson.com/providers/home-care/mckesson-patient-caresolutions](http://www.mckesson.com/providers/home-care/mckesson-patient-caresolutions)

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://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=gAAAAAAAAAAAAAAAA%3D%3D&=&>

A6196- A6199	Alginate or Other Fiber Gelling Dressing	Moderate to high exudate	Dressing change is up to once per day - 30 per month	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.	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.
A6010, A6011, A6021- A6024	Collagen Dressing or Wound Filler	Light to moderate exudate	They can stay in place up to 7 days, depending on the specific product.	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.	
A6203- A6205	Composite Dressing	Moderate to high exudate	Up to 3 times per week, one wound cover per dressing		

			change – 12 per month		
A6206- A6208	Contact Layer	Any exudate level	Dressing change is up to once per week unless medical necessity supports more frequent changes.	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.	
A6209- A6215	Foam Dressing or Wound Filler	Moderate to heavy exudate	Up to 3 x per week – 12 per month for cover dressings. For foam wound fillers up to once per day.	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.
A6216- A6221, A6402- A6404, A6407	Gauze, Non-Impregnated		3x per day for dressing without a border.  1x per day for dressing with a border – 30 per month.		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.
A6222- A6224, A6266	Gauze, Impregnated, With Other Than Water, Normal Saline, Hydrogel, Or Zinc Paste		Dressing change is 1x per day – 30 per month.	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.

A6228- A6230	Gauze, Impregnated, Water or Normal Saline				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.
A6234- A6241	Hydrocolloid Dressing	Light to moderate exudate.	Up to 3x per week – 12 per month.	Hydrocolloid dressings are covered for use on wounds with light to moderate exudate.	Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.
A6231- A6233, A6242- A6248	Hydrogel Dressing	Minimal or no exudate.	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.	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.	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.



A6251- A6256	Specialty Absorptive Dressing	Moderate to high exudative	1x per day for a dressing without a border – 30 per month. Every other day for a dressing with a border.	Specialty absorptive dressings are covered when used for moderately or highly exudative full thickness wounds (e.g., stage III or IV ulcers).	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.
A6257- A6259	Transparent Film	Minimal exudate or closed wounds	Up to 3x per week – 12 per month.	Transparent film dressings are covered when used on open partial thickness wounds with minimal exudate or closed wounds.	