



WOCN[®] Wound, Ostomy, and
Continence Nurses Society[®]

GUIDANCE ON THE USE OF OSTOMY DURABLE MEDICAL EQUIPMENT SUPPLIER (DME) PROVIDER CHECK LIST



The Wound, Ostomy, and Continence Nurses Society™ (WOCN®) Public Policy and Advocacy team has developed an Ostomy Durable Medical Equipment Supplier (DME) Provider Check List and we are pleased to share this document with our members.

The Ostomy DME Provider Check list is a guidance document for obtaining correct ostomy supplies for the patient addressing the regulatory information that the DME needs to fulfill product orders and bill insurance.

The Ostomy DME Provider check list can be used in several ways by the certified WOC nurse to communicate ostomy product needs of the patient. It can be filled out by the certified WOC nurse and:

- Be provided to the patient as a reference for the patient to use when they are asking physician/or other providers to order or reorder equipment.
- Be sent to the community provider who will be writing prescriptions for the patient for ordering and reordering of supplies.
- Be sent to the durable and home medical equipment providers to assure clarity of supply needs.

It's very important to stay consistent with ostomy products for each individual patient to ensure positive outcomes and sustain quality of life.

This document is not intended to be used as a prescription or order form. A prescription and an order should be initiated by the physician/providers for ostomy supplies and resupplies for the ostomy patient. Also, for insurance purposes, documentation requirements noted in the patients' medical record should address presence of surgically created stoma to divert urine or stool, location, diagnosis, skin integrity, and medical necessity of supply needs.

Another tool that the WOCN Public Policy and Advocacy has on our web site tab is a [sample letter of medical necessity](#), which may also be useful in advocating for patients having access to correct supplies.

We are hoping that these tools will help you in facilitating care across the care continuum for your patients that have ostomies.

WOCN[®] Society Ostomy DME Provider Checklist

Patient Name/Address: _____

Patient Date of Birth: _____ Supplier Contact Information: _____

Allergy Alert: _____ Provider Name: _____ Phone: _____ No Substitutions: _____

Pouching System:

Stoma Information:

Number of stomas: _____

Reason for stoma: _____

Age of stoma: _____

Is stoma:

Permanent

Temporary

Size:

Flush

Protruding

Oval

Round

Ostomy Type:

Colostomy

Ileostomy

Urostomy

Other: _____

Brand Manufacturer:

Coloplast

Convatec

Cymed/Microskin

Hollister

Marlen

Nu-Hope

Other: _____

Pouch:

Product #: _____

Flange Size: _____

Quantity: _____

Per month: _____

Per 3 months: _____

Pouch Features:

Pouch System:

1 Piece

2 Piece

Color:

Transparent

Opaque

Closure/Outlet:

Drainable
(velcro or clip)

Closed-end

Tail/drain spout

Gas Management:

Integrated Filter

No Filter

Wafer/Barrier/Flange:

Product #: _____

Quantity: _____

Per month: _____

Per 3 months: _____

Pre-cut

Size: _____

Cut-to-fit

Size: _____

Moldable

Size: _____

Flat

Convex

Soft/Flexible

Light

Hard/Firm

Two-Piece:

Adhesive Coupling

Mechanical Coupling

Accessory Products:

Adhesive Remover

Wipes or Spray

Quantity: _____ Brand: _____

Barrier Strips

Quantity: _____ Brand: _____

Deodorizer

Quantity: _____ Brand: _____

Hernia Support Belt

Quantity: _____ Brand: _____

Irrigation Supplies

Quantity: _____ Brand: _____

Ostomy Support Belt

Quantity: _____ Brand: _____

Overnight Drainage Bag

Quantity: _____ Brand: _____

Overnight High Output Pouch

Quantity: _____ Brand: _____

Paste (Tube or Strip)

Quantity: _____ Brand: _____

Powder

Quantity: _____ Brand: _____

Skin Barrier Seals/Rings

Quantity: _____ Brand: _____

Tape

Quantity: _____ Brand: _____

Other: _____

Quantity: _____ Brand: _____

No Substitutions

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