

Medical Policy



Tracheostomy Care Supplies

Description

Tracheostomy care supplies are used for individuals following an open surgical tracheostomy which has been open or is expected to remain open for at least three months. Codes A4625 (Tracheostomy care kit for new tracheostomy) and A4629 (Tracheostomy care kit for established tracheostomy) describe supplies that are used to maintain a tracheostomy tube including the tracheostomy site. The quantity of supplies included in a tracheostomy care kit are to provide all necessary quantities for the care of the tracheostomy site and there must not be any additional quantity billed of these codes for this purpose. Additional supplies may be billed, as appropriate and necessary, only for care other than for a tracheostomy site, such as for speaking valves.

Claims for tape (A4450 and A4452) or for wipes or swabs (A5120) that are billed without an AU modifier (wound care) will be considered not reasonable and necessary. (If modifiers are required).

A tracheostomy care or cleaning starter kit (A4625) is covered following an open surgical tracheostomy. Beginning two weeks post-operatively, code A4625 is no longer medically necessary and if billed, will be considered not reasonable and necessary.

Policy

Tracheostomy care supplies are **reasonable and necessary** for Members meeting coverage criteria.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating practitioner.
2. A tracheostomy care or cleaning starter kit (A4625) is covered following an open surgical tracheostomy. Beginning two weeks post-operatively, code A4625 is no longer medically necessary and, if that code is billed, will be considered not reasonable and necessary.
3. One tracheostomy care kit (A4625, A4629) per day is considered necessary for routine care of a tracheostomy. Claims for additional kits for non-routine tracheostomy care must have substantiating documentation available upon request.
4. Quantities of supplies greater than those described in the policy or per state guidelines as the usual maximum amounts, in the absence of documentation

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clearly explaining the medical necessity of the excess quantities, will be considered not reasonable and necessary.

5. For information on tracheal suction catheters and related supplies, see the Suction Pump policy.

Limitations:

Quantities of supplies greater than those described in the policy or per state guidelines as the usual maximum amounts, in the absence of documentation clearly explaining the medical necessity of the excess quantities, will be considered not reasonable and necessary.

A7527 (Tracheostomy/laryngectomy tube plug/stop) is used as an alternative to a tracheostomy/laryngectomy tube and therefore for a member receiving A7527 claims and requests for A7520, A7521 and A7522 will be denied as not reasonable or necessary.

Tracheostomy tubes (A7520, A7521, 7522) are all-inclusive. All variations in tracheostomy tube construction such as dimensions, materials, cuffs, connectors etc., including all variations often classified by manufacturers as “customized” are included in HCPCS codes A7520, A7521, and A7522.

Exclusions:

Tracheostomy shower protectors (A7523) are not considered reasonable and necessary.

HCPCS Level II Codes and Description

A4623	Tracheostomy inner cannula (replacement only)
A4625	Tracheostomy care kit for new tracheostomy
A4626	Tracheostomy cleaning brush, each
A4629	Tracheostomy care kit for established tracheostomy
A7501	Tracheostoma valve, including diaphragm, each
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each

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A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type each
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	Filter holder and integrated filter housing and adhesive, for use as a tracheostoma heat and moisture exchange
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone, or equal, each
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone, or equal, each
A7522	Tracheostomy /laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
A7524	Tracheostomy stent/stud/button, each
A7526	Tracheostomy tube/collar/holder, each
A7527	Tracheostomy/laryngectomy tube plug/stop, each

Coding Guidelines

A tracheostomy care or cleaning starter kit (A4625) contains, at a minimum the following:

- 1 plastic tray
- 1 basin
- 1 pair of sterile gloves
- 1 tube brush
- 3 pipe cleaners
- 1 pre-cut tracheostomy dressing
- 1 roll of gauze
- 4 4x4 sponges
- 2 cotton tip applicators
- 30 inches twill tape

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A tracheostomy care kit for an established tracheostomy (A4629) contains the following:

- 1 tube brush
- 2 pipe cleaners
- 2 cotton tip applicators
- 30" twill tape
- 2 4X4 sponges

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time:

Column I	Column II
A4625	A4626
A4629	A4626

Tracheostomy care kits provided in the first two postoperative weeks should be coded as A4625.

Tracheostomy care kits provided after the first two postoperative weeks should be coded as A4629.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded, or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any

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conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

Cross Reference to Related Policies and Procedures

Northwood Policy: Suctions Pumps

Northwood Policy: Heat and Moisture Exchanger

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011. Accessed and reviewed December 6, 2021, 12-9-22.

CGS Administrators, LLC. Jurisdiction B DME MAC, Tracheostomy Care Supplies. Local Coverage Determination No. L33832; Last accessed and reviewed 12-3-24.

Noridian Healthcare Solutions, LLC. Tracheostomy Care Supplies. Local Coverage Determination No. L33832. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised January 1, 2020. Last accessed and reviewed 12-9-22.

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SPECIAL COVERAGE INFORMATION PER PLAN:

<p>Health New England (Medicaid and Commercial Plans – Pediatrics Only – up to 21 years of age)</p>	<p>For (A4623) Tracheostomy Tube:</p> <p>Indications:</p> <ul style="list-style-type: none"> • Ventilator Dependent • Respiratory Failure • Upper Airway Obstruction related to subglottic stenosis, cranial facial abnormality, or trauma. <p>Initial Fulfillment: 2 each, (initial insertion plus a spare)</p> <p>Maintenance Requests: 1 each, per month</p>
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoli	Ken Fasse	n/a	
01		Annual review – no changes	Susan Glomb	Ken Fasse	Dec.2008	
02		Annual review with policy updates to clarify the differences in contents of care kits for new vs established trachs. Coding guidelines.	Susan Glomb	Ken Fasse	Dec.4, 2009	

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03	12-07-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	01-20-11	Deleted: Least costly alternative for A4625	Susan Glomb	Ken Fasse	Jan.2011	
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
06	11-10-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
07	12-6-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Dec. 2012	
08	12-11-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri		
09	12-29-14	Annual Review. Clarified starter trach care kit guideline. Reviewed established trach care kit contents. Noted tape (A4450 and A4452) or for wipes (A5120) billed without an AU modifier, if required, will be considered not reasonable and necessary.	Susan Glomb	Dr. B. Almasri		
10	11-25-15	Annual Review. Added limitation information regarding A7527. Updated Medicare reference.	Lisa Wojno	Dr. B. Almasri	November 2015	
11	12-07-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
12	12/11/17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017	

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13	12-4-18	Annual review. Tracheostomy tubes (A7520, A7521, 7522) are all-inclusive. Medicare references updated.	Carol Dimech	Dr. C. Lerchin	December 2018	
14	12-11-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
15	6-16-20	Added HNE Peds criteria box for HCPCS code A4623 Tracheostomy Tube: Description, Indications, quantity.	Carol Dimech	Dr. C. Lerchin	June 2020	June 24, 2020
16	12-04-20	Annual Review. Updated 'physician' to 'practitioner'.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
17	12-6-21	Annual review. Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	December 6, 2021	December 6, 2021
18	12-9-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-9-22	12-9-22
19	12-4-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-4-23	12-4-23
20	12-3-24	Annual review. No changes.	Susan Glomb	Dr. C. Lerchin	12-3-24	12-3-24