

## 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 or 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

##### Medicare Member Coverage Criteria:

Refer to Medicare policy (L33832) and article (A52492) for coverage criteria.

##### Non-Medicare Member Coverage Criteria:

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 billed, considered reasonable and necessary.

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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 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.
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 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

|       |                                     |
|-------|-------------------------------------|
| A4364 | Adhesive, per oz.                   |
| A4402 | Lubricant , per oz.                 |
| A4450 | Tape, non-waterproof per 18” square |
| A4452 | Tape, waterproof per 18” square     |
| A4456 | Adhesive remover wipes              |

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|       |   |
|-------|---|
| A4481 | Tracheostoma filter, any type, any size, each   |
| A4623 | Tracheostomy inner cannula  |
| A4625 | Tracheostomy care kit for new tracheostomy  |
| A4626 | Tracheostomy cleaning brush, each   |
| A4629 | Tracheostomy care kit for established tracheostomy  |
| A5120 | Skin barrier wipes or swabs, each   |
| 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  |
| 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  |

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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

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     |

### Quantity Limits

| HCPSC Code | Quantity Limit per Month (unless noted otherwise) |
|------------|---|
| A4364      | 4   |
| A4402      | 4   |

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|       |                  |
|-------|------------------|
| A4450 | 40               |
| A4452 | 40               |
| A4456 | 1 box or 50 each |
| A4481 | 62               |
| A4623 | 62               |
| A4625 | 31               |
| A4626 | 2                |
| A4629 | 31               |
| A5120 | 150              |
| A7501 | 1                |
| A7502 | 1                |
| A7503 | 1 per 6 months   |
| A7504 | 62               |
| A7505 | 2 per 3 months   |
| A7506 | 62               |
| A7507 | 62               |
| A7508 | 62               |
| A7509 | 62               |
| A7520 | 1 per 3 months   |
| A7521 | 1 per 3 months   |
| A7522 | 1 per 12 months  |
| A7524 | 1 per 3 months   |
| A7526 | 31               |
| A7257 | 2 per 3 months   |

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 particular 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.

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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 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; Accessed and reviewed December 3, 2024.

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Noridian Healthcare Solutions, LLC. Tracheostomy Care Supplies. Local Coverage Determination No. L33832. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised January 1, 2020. Accessed and reviewed December 9, 2022.

#### SPECIAL COVERAGE INFORMATION PER PLAN:

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

#### 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 Brugnani       | Ken Fasse   | n/a          |                 |
| 01              |          | Annual review – no changes | Susan Glomb            | Ken Fasse   | Dec.2008     |                 |

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|----|----------|---|-------------|----------------|-------------|--|
| 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 |  |
| 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 | 04-04-12 | Added reference to NH Medicaid  | Susan Glomb | Dr. B. Almasri |             |  |
| 08 | 11-29-12 | Annual Review - Added codes: A4364, A4402, A4456, A4481, A5120. Added quantity limits to policy.  | Susan Glomb | Dr. B. Almasri |             |  |
| 09 | 12-11-13 | Annual review. No changes   | Susan Glomb | Dr. B. Almasri |             |  |
| 10 | 12-29-14 | Annual Review. Clarified starter trach care kit guideline. Reviewed established trach care kit contents. Noted tape (A4450 or A4452) or for wipes (A5120) | Susan Glomb | Dr. B. Almasri |             |  |



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|    |          | billed without an AU modifier, if required, will be considered not reasonable and necessary.                                    |              |                |                  |                  |
| 11 | 11-25-15 | Annual Review. Added limitation information regarding A7527. Updated Medicare reference.  | Lisa Wojno   | Dr. B. Almasri | November 2015    |                  |
| 12 | 12-07-16 | Annual Review. No Changes.  | Lisa Wojno   | Dr. B. Almasri | December 2016    |                  |
| 13 | 12-11-17 | Annual review. No changes.  | Carol Dimech | Dr. C. Lerchin | December 2017    |                  |
| 14 | 12-4-18  | Annual review. Tracheostomy tubes (A7520, A7521, 7522) are all-inclusive. Medicare references updated.                          | Carol Dimech | Dr. C. Lerchin | December 2018    |                  |
| 15 | 12-11-19 | Annual review. No changes.  | Carol Dimech | Dr. C. Lerchin | December 2019    | December 2019    |
| 16 | 6-18-20  | Added HNE Medicaid and Commercial Peds criteria box for HCPCS code A4623 Tracheostomy Tube: Description, Indications, quantity. | Carol Dimech | Dr. C. Lerchin | 6-18-20          | June 24, 2020    |
| 17 | 12-04-20 | Annual Review. Updated 'physician' to 'practitioner'.   | Lisa Wojno   | Dr. C. Lerchin | December 2020    | December 2020    |
| 18 | 12-6-21  | Annual review. Added NCD, LCD verbiage to "Important Note".   | Carol Dimech | Dr. C. Lerchin | December 6, 2021 | December 6, 2021 |

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|----|---------|----------------------------|--------------|----------------|---------|---------|
| 19 | 12-9-22 | Annual review. No changes. | Carol Dimech | Dr. C. Lerchin | 12-9-22 | 12-9-22 |
| 20 | 12-4-23 | Annual review. No changes. | Carol Dimech | Dr. C. Lerchin | 12-4-23 | 12-4-23 |
| 21 | 12-3-24 | Annual review. No changes  | Susan Glomb  | Dr. C. Lerchin | 12-3-24 | 12-3-24 |