

Medical Policy



Heat and Moisture Exchanger (Artificial Nose used in conjunction with Tracheostomy Tubes)

Description

A heat moisture exchanger is used for members with a tracheostomy tube (with or without a ventilator) to partly restore the important respiratory function of the nose. The filter captures heat and moisture from the expired air and during inhalation the air picks up some of the deposited heat and moisture from the device, thereby raising the temperature content of the air entering the tracheobronchial tree.

The HME consists of a plastic cassette/holder that contains a filter. The holder fits into a plastic housing which is held in place over the tracheostoma by adhesive. An HME may be used by itself or in addition to a tracheostoma valve (A7501).

The tracheostoma filter (A4481) is a small filter usually having adhesive along one edge which is attached to the skin and simply covers the tracheostoma to help prevent debris from entering the stoma. It is not an HME.

The moisture exchanger (A4483) is disposable and used only with an invasive mechanical ventilator and should not be billed as an HME over a tracheostoma.

A tracheostomy valve with diaphragm (A7501) is a device used over the tracheostomy stoma by a member who has had the larynx removed and has a tracheoesophageal voice prosthesis but does not have a tracheostomy tube.

A reusable filter holder or filter cap (A7503) connects to the tracheostoma cassette and holds an HME filter. The holder/cap can open and close to replace the HME filter. A filter (A7504) fits into the reusable filter holder.

A double-sided adhesive disc (A7506) attaches the HME cassette to the member's skin. The A7507 is an integrated filter and holder that utilizes A7506 to fit over the tracheostomy or may utilize liquid adhesive on both sides of the cassette to attach the HME to the member.

Housing and integrated adhesive (A7508) is used with either an HME or tracheostoma valve.

The integrated filter holder and housing, including adhesive (A7509), is used with the HME system.

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Policy

Heat moisture exchangers are **reasonable and necessary** for Members using a tracheostomy tube and invasive mechanical ventilation.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating practitioner.

Limitations:

1. A heat moisture exchanger is used for Member's with a tracheostomy and invasive mechanical ventilation.

Exclusions:

1. Members not requiring mechanical ventilation.

HCPCS Level II Codes and Description

A4481	Tracheostoma filter, any type, any size, each
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
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 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

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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 system, each

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.

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 (NDC) and Local Coverage Determinations (LCD), as applicable.

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References

1. RC Journal: AARC Clinical Practice Guidelines. Humidification during Mechanical Ventilation accessible at <http://www.rcjournal.com/cpgs/pdf/12.05.0782.pdf>
2. Aetna: Tracheostomy Supplies CPB 0074 https://www.aetna.com/cpb/medical/data/1_99/0074.html#dummyLink2 Last accessed and reviewed November 5, 2025.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01		Annual Review	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
03	12-01-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	Dec.2010	
05	12-09-11	Annual Review. Added References to Policy.	Susan Glomb	Dr. B. Almasri	Dec. 2011	
06	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	11-29-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
08	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	11-24-14	Annual Review. Added information relating to items used with the HME.	Susan Glomb	Dr. B. Almasri		

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10	11-24-15	Annual Review. No Changes.	Susan Glomb	Dr. B. Almasri	November 2015	
11	11-17-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
12	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
13	11-16-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
14	11-12-19	Annual Review. Updated reference link.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019
15	11-11-20	Annual review. Replaced “treating physician” with “treating practitioner”. Added PubMed.gov to reference list.	Carol Dimech	Dr. C. Lerchin	November 11, 2020	November 11, 2020
16	11-24-21	Annual review. Added Aetna reference. Added NCD, LCD verbiage to “Important note”	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 24, 2021	November 24, 2021
17	11-14-22	Annual review. Added reference link and HCPCS.	Carol Dimech	Dr. C. Lerchin	11-14-22	11-14-22
18	11-14-23	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-14-23	11-14-23
19	11-12-24	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-12-24	11-12-24
20	11-5-25	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-5-25	11-5-25