

# Local Coverage Determination (LCD): Tracheostomy Care Supplies (L33832)

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## Contractor Information

<b>Contractor Name</b>	<b>Contract Type</b>	<b>Contract Number</b>	<b>Jurisdiction</b>	<b>State(s)</b>
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

## LCD Information

### Document Information

LCD ID L33832	Original Effective Date For services performed on or after 10/01/2015
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Original ICD-9 LCD ID <a href="#">L166</a> <a href="#">L11526</a> <a href="#">L27041</a> <a href="#">L11536</a>	Revision Effective Date For services performed on or after 01/01/2017
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	Revision Ending Date N/A
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LCD Title Tracheostomy Care Supplies	Retirement Date N/A
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Proposed LCD in Comment Period N/A	Notice Period Start Date N/A
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Source Proposed LCD N/A	Notice Period End Date N/A
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**Coverage Indications, Limitations, and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and necessary” criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the “reasonable and necessary” criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the “reasonable and necessary” criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

Refer to the Nonmedical Necessity Coverage and Payment Rules section of the related Policy Article for information about the statutory coverage requirements for tracheostomy supplies.

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 denied as not reasonable and necessary.

The table below lists the maximum number of items/units of service that are usually reasonable and necessary. The actual quantity needed for a particular beneficiary may be more or less than the amount listed depending on clinical factors that affect the frequency of supply changes.

The explanation for use of a greater quantity of supplies than the amounts listed must be clearly documented in the beneficiary’s medical record. If adequate documentation is not provided when requested, the excess quantities will be denied as not reasonable and necessary.

**USUAL MAXIMUM QUANTITY OF SUPPLIES:**

Code	# per Month(unless noted)
A4364	4
A4402	4
A4450	40
A4452	40
A4456	50
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
A7527	2 per 3 months

A7523 is a convenience item and therefore not covered. Claims for A7523 will be denied as not reasonable and necessary.

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

#### GENERAL

A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

#### REFILL REQUIREMENTS

For DMEPOS items and supplies provided on a recurring basis, billing must be based on prospective, not retrospective use. For DMEPOS products that are supplied as refills to the original order, suppliers must contact the beneficiary prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the beneficiary. This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order. Contact with the beneficiary or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the DMEPOS product no sooner than 10 calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized.

For all DMEPOS items that are provided on a recurring basis, suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request from a beneficiary. Items delivered without a valid, documented refill request will be denied as not reasonable and necessary.

Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients. Suppliers must verify with the ordering physicians that any changed or atypical utilization is warranted.

Regardless of utilization, a supplier must not dispense more than a 1-month supply at a time for a beneficiary in a nursing facility and a 3-month supply for a beneficiary at home.

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

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## Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

**Group 1 Paragraph:** The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

AU - Item furnished in conjunction with a urological, ostomy or tracheostomy supply.

EY - No physician or other licensed health care provider order for this item or service.

HCPCS CODES:

**Group 1 Codes:**

A4364 ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ

A4402 LUBRICANT, PER OUNCE

A4450 TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES

A4452 TAPE, WATERPROOF, PER 18 SQUARE INCHES

A4456 ADHESIVE REMOVER, WIPES, ANY TYPE, EACH

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 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 SYSTEM, EACH
- 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
- A7523 TRACHEOSTOMY SHOWER PROTECTOR, EACH
- A7524 TRACHEOSTOMA STENT/STUD/BUTTON, EACH
- A7526 TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH
- A7527 TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** For ICD-10 codes relating to statutory coverage, see Policy Article.

**Group 1 Codes:** N/A

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** Not specified.

**Group 1 Codes:** N/A

ICD-10 Additional Information [Back to Top](#)

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## [General Information](#)

Associated Information

### **DOCUMENTATION REQUIREMENTS**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

### **GENERAL DOCUMENTATION REQUIREMENTS**

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

## **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information

### **Miscellaneous**

### **Appendices**

### **Utilization Guidelines**

Refer to Coverage Indications, Limitations and/or Medical Necessity

Sources of Information and Basis for Decision

N/A [Back to Top](#)

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## **Revision History Information**

<b>Revision History Date</b>	<b>Revision History Number</b>	<b>Revision History Explanation</b>	<b>Reason(s) for Change</b>
01/01/2017	R3	<b>Revision Effective Date: 01/01/2017</b> COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Removed: Standard Documentation Language Added: New reference language and directions to Standard Documentation Requirements Added: General Requirements Revised: Refill Requirements DOCUMENTATION REQUIREMENTS: Removed: Standard Documentation Language Added: General Documentation Requirements Added: New reference language and directions to Standard Documentation Requirements POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Removed: Standard Documentation Language Added: Direction to Standard Documentation Requirements Removed: Supplier Manual reference under Miscellaneous Removed: PIM reference under Appendices RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements article Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li></ul>
07/01/2016	R2		<ul style="list-style-type: none"><li>• Change in Assigned States or Affiliated Contract Numbers</li></ul>
10/01/2015	R1	<b>Revision Effective Date: 08/01/2015</b>	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li></ul>

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility DOCUMENTATION REQUIREMENTS: Revised: Standard Documentation Language to add who can enter date of delivery date on the POD (Note: Standard Documentation Language updates noted above are effective for DOS on or after 10/31/2014) POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Removed: ICD-9 references Added: Language for HCPCS codes A4450, A4452, A5120 when submitted without correct modifier	

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## [Associated Documents](#)

Attachments N/A

Related Local Coverage Documents Article(s) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#) [A52492 - Tracheostomy Care Supplies - Policy Article](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 05/04/2017 with effective dates 01/01/2017 - N/A Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

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## [Keywords](#)

N/A Read the [LCD Disclaimer](#) [Back to Top](#)



**END OF LOCAL COVERAGE DETERMINATION**

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

# Local Coverage Article: Tracheostomy Care Supplies - Policy Article (A52492)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

## Article Information

### General Information

**Article ID**

A52492

**Original Article Effective Date**

10/01/2015

Original ICD-9 Article ID

[A33680](#)[A27722](#)[A47100](#)[A33771](#)**Revision Effective Date**

01/01/2017

**Revision Ending Date**

N/A

**Article Title**

Tracheostomy Care Supplies - Policy Article

**Retirement Date**

N/A

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### Article Guidance

**Article Text:****NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Tracheostomy Supplies are covered under the Prosthetic Benefit (Social Security Act §1861(s)(8)). In order for a beneficiary's supplies to be eligible for reimbursement, the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

Supplies for care of a tracheostomy site are covered for a beneficiary following an open surgical tracheostomy which has been open or is expected to remain open for at least three months. The quantities 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 will be rejected as missing information.

### **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

The diagnosis code that justifies the need for these items must be included on each claim.

### **CODING GUIDELINES**

A tracheostomy care or cleaning starter kit (A4625) contains the following:

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

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

Item	Number included
tube brush	1

pipe cleaners	2
cotton tip applicators	2
twill tape	30 inches
4x4 sponges	2

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.

When codes A4450, A4452 and A5120 are used with Tracheostomy Care Supplies, they must be billed with the AU modifier. For this policy, codes A4450, A4452 and A5120 are the only codes for which the AU modifier may be used.

A7526 is a tracheostomy collar/holder that is used to secure the tracheostomy tube's positioning, minimize movement of the tracheostomy tube and reduce the risk of cannula disruption or decannulation. Fastener tabs attach to the tracheostomy tube to hold the collar in place. A7526 should not be used for billing twill ties, or twill tape or equivalent fabric or plastic supplies.

#### Heat/Moisture Exchangers

Heat/Moisture Exchangers (HME; see below for specific component codes) are a type of stoma cover which help laryngectomees partially restore functions previously performed by the nose and upper airway. During exhalation, warmth and humidity are conveyed from the lungs and deposited into the filter. During inhalation, the warmth and moisture are picked back up by incoming air and returned to the lungs.

HME consist 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).

A4481 is a small filter usually having adhesive along one edge which is attached to the skin and simply covers the tracheostoma to keep large piece of debris out. It is not an HME.

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

A7503 is a device that connects to the tracheostoma cassette and holds an HME filter. The holder/cap can open and close to replace the HME filter.

A7504 is a filter that fits into A7503.

A7506 is a double sided adhesive disc that attaches the HME cassette to the beneficiary's skin.

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 beneficiary.

A7508 is integrated housing and adhesive used with either an HME or tracheostoma valve.

A7509 is the integrated filter holder and housing used with the HME system.

A tracheostomy valve with diaphragm (A7501) is a device used over the tracheostomy stoma by a beneficiary who has had the larynx removed and has a tracheo-esophageal voice prosthesis, but does not have a

tracheostomy tube.

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.

Miscellaneous or NOC (not otherwise classified) codes such as E1399 (DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS) or A9999 (MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED) must not be used to bill Medicare for any tracheostomy tube. Use of a miscellaneous code to bill Medicare for any tracheostomy tubes is incorrect coding.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

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## [Coding Information](#)

### **Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### **Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes** N/A

### **ICD-10 Codes that are Covered**

#### **Group 1 Paragraph:**

The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the Article Text field, Non-Medical Necessity Coverage and Payment Rules section for other coverage criteria and payment information.

#### **Group 1 Codes:**

ICD-10 Codes that are covered Information Table

<b>Code</b>	<b>Description</b>
J95.00	Unspecified tracheostomy complication
J95.01	Hemorrhage from tracheostomy stoma
J95.02	Infection of tracheostomy stoma
J95.03	Malfunction of tracheostomy stoma
J95.04	Tracheo-esophageal fistula following tracheostomy
J95.09	Other tracheostomy complication
Z43.0	Encounter for attention to tracheostomy
Z93.0	Tracheostomy status

### **ICD-10 Codes that are Not Covered**

**Group 1 Paragraph:**

All codes that are not specified in the previous section.

**Group 1 Codes:** N/A

ICD-10 that are not Covered Information Table

**Code Description**

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## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation
01/01/2017	R4	<p><b>Revision Effective Date: 01/01/2017</b>            CODING GUIDELINES:            Added: Clarification that tracheostomy tubes (A7520, A7521, 7522) are all-inclusive</p> <p><i>04/12/2018: At this time 21st Century Cures Act applies to new and revised LCDs that restrict coverage, which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2017	R3	<p><b>Revision Effective Date: 01/01/2017</b>            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Added: Diagnosis requirements            RELATED LOCAL COVERAGE DOCUMENTS:            Added: LCD-related Standard Documentation Requirements Language Article Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.</p>
07/01/2016	R2	<p><b>Revision Effective Date: 08/01/2015</b>            NON-MEDICAL NECESSITY AND PAYMENT RULES:            Revised: Language for HCPCS codes A4450, A4452, A5120 when submitted without correct modifier</p>

[Back to Top](#) **Related Local Coverage Document(s)** Article(s) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#) LCD(s) [L33832 - Tracheostomy Care Supplies](#)

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

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## Keywords

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