Priority Health	BILLING POLICY No. 035
TRACHEOSTOMY SUPPLIES	
Effective date: Aug. 1, 2024 **Date of origin: May 2024**	**Review dates: 11/2024, 2/2025**

APPLIES TO
Commercial plans. Medicare will continue to follow CMS policy and articles, and Medicaid will continue to follow MDHHS/CHAMPS.

DEFINITION
This policy identifies the payment policy and documentation requirements associated with tracheostomy supplies.

In alignment with the Centers of Medicare and Medicaid Services (CMS), local coverage determinations and articles, a quantity for tracheostomy supplies is outlined below. These are defined quantities based on standards identified as reasonable and necessary for the usual member.

POLICY SPECIFIC INFORMATION
Documentation requirements
We are aligned with CMS standard documentation requirements for supplies and DME. This is outlined in article A55426. Reference this article for documentation requirements. Documentation must support refill requests as outlined in the linked article.

Supplies shouldn't be dispensed for more than a 3-month quantity.

- Written order for supplies must be on file and dated prior to receipt of supplies by the member
- The narrative in the NTE Segment of electronic claim should outline the number of months being billed. This is in addition to the description of the supplies being provided (if applicable)
- Supplies with a date of service during or before a discharge date for an inpatient facility stay will be denied
- Proof of delivery must be detailed in the medical record. Failure to detail the date of delivery as outlined by CMS in the standard documentation requirements article may result in denial of the claim or overpayment recovered
- Suppliers must avoid delivery of refills in an automated manner – affirmation from the member must be obtained before refills are dispensed. Member refill requests must be documented in the medical record
- Atypical utilization quantities should be validated with treating/ordering physician to confirm and document utilization

As noted within the documentation requirements, it's essential to clearly detail the member needs and any appropriate detail to support quantities that may exceed the maximum supplies as outlined below. Supplies that exceed the maximums detailed below will require medical documentation review to support the excess units. Without this specific detail, units exceeding the maximums outlined below remain denied.

Place of service
Review specific information regarding DME place of service billing requirements in our Durable Medical Equipment (DME) place of services (POS) billing policy.

Supply quantities

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

Tracheostomy care or cleaning starter kits are coded with HCPCS A4625 and provided within the first two postoperative weeks. This initial care kit is comprised of the following items:

- Plastic tray (1)
- Basin (1)
- Sterile gloves (1 pair)
- Tube brush (1)
- Pipe cleaners (3)
- Pre-cut tracheostomy dressing (1)
- Gauze (1 roll)
- Sponges (4 4x4)
- Cotton tip applicators (2)
- Twill tape (30 inches)

These items are coded as a kit and not reimbursed individually outside of the defined kit.

An established tracheostomy care kit is coded with HCPCS A4629 and provided after the second post operative weeks. This established care kit is comprised of the following items:

- Tube brush (1)
- Pipe cleaners (2)
- Sponges (2 4x4)

- Cotton tip applicators (2)
- Twill tape (30 inches)

These items are coded as a kit and not reimbursed individually outside of the defined kit.

Tracheostomy cleaning brush coded with A4625 is inclusive to both starter (A4625) and established (A4629) tracheostomy kits and not reimbursed separately.

Tracheostomy tube positioning is secured with a collar/holder coded with HCPCS A7526 (Tracheostomy tube collar/holder, each). This collar/holder is utilized to minimize tube movement, reduce risk of cannula disruption.

- Twill ties, twill tape or equivalent supplies (fabric or plastic) aren't coded with HCPCS A7526.

Tracheostomy tubes coded with A7520, A7521, A7522 include all variations of tube constructions even when classified as customized. This includes obtaining tube dimensions, all materials, any cuffs or associated connectors or any other materials.

Heat/moisture exchangers may be coded when supplied. These devices supply warmth and humidity during inhalation and exhalation which would normally be performed by the nose and upper airway. This device is placed over the tracheostoma via a plastic housing cassette/holder held in place by an adhesive. This device can be used alone or in conjunction with a tracheostoma valve.

- The tracheostoma valve with diaphragm is coded with HCPCS A7501. This device is supplied to members with trachea-esophageal voice prosthesis due to larynx removal. A tracheostomy tube is no longer present.
- **A7503** is coded for each filter holder or filter cap and are reusable with the heat/moisture exchange system.
- **A7504** is coded for each filter in a tracheostoma with the heat/moisture exchange system.
- **A7506** is coded for each type of adhesive disc for use with the heat/moisture exchange system and/or with tracheostoma valve.
- **A7507** is coded for each filter holder and integrated filter without adhesive, for use with the heat/moisture exchange system.
- **A7508** is coded for each housing and integrated adhesive, for use in a tracheostoma with the heat/moisture exchange system and/or with a tracheostoma valve.
- **A7509** is a filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system

Supplies that aren't considered part of the heat/moisture exchange system:

- **A4481**: **Tracheostoma filter, any type, any size, each**: This filter has an adhesive edge and is utilized to cover and keep debris out of the tracheostoma.
- **A4483**: **Moisture exchanger, disposable, for use with invasive mechanical ventilation**: This disposable moisture exchanger is utilized with a mechanical ventilator and should not be coded as a heat/moisture exchanger for a tracheostoma.

Tracheostomy supplies coded with an unlisted code such as E1399 or A9999 must include a detailed description of the supply and any supporting documentation as to why a listed code defined for these supplies isn't applicable.

- Unlisted codes billed without a detailed descriptions or supporting information will be denied.
- Unlisted codes above shouldn't be coded for any tracheostomy tube. These will be denied as more appropriate codes exist for these tracheostomy tubes.

Modifiers

Modifier AU is coded with the following items to identify items supplied in conjunction with a tracheostomy supply:

- **A4450**: Tape, non-waterproof, per 18 sq in
- **A4452**: Tape, waterproof, per 18 sq in
- **A5120**: Skin barrier, wipes, or swabs, each

DISCLAIMER

Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS) and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCPS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available in our Provider Manual.

CHANGE / REVIEW HISTORY

Date	Revisions made
Nov. 11, 2024	Added "Place of service" section
Feb. 13, 2025	Added "Disclaimer" section