

## LCD for Tracheostomy Care Supplies (L11536)

### Contractor Information

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### LCD Information

**LCD ID Number**

L11536

**LCD Title**

Tracheostomy Care Supplies

**Contractor's Determination Number**

TRCH20070701

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**CMS National Coverage Policy**

None

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## LCD Information

### **Oversight Region**

Region I

### **DME Region LCD Covers**

Jurisdiction A

### **Original Determination Effective Date**

For services performed on or after 10/01/1993

### **Original Determination Ending Date**

### **Revision Effective Date**

For services performed on or after 07/01/2007

### **Revision Ending Date**

### **Indications and Limitations of Coverage 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. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order 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 the completed order, the item will be denied as not medically necessary.

The statutory coverage criteria for tracheostomy supplies are specified in the related Policy Article.

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, payment is based on the least costly alternative, code A4629.

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.

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 denied as not medically necessary.

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

## Coding Information

### CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIER:

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:

A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY

### ICD-9 Codes that Support Medical Necessity

Not specified.

### Diagnoses that Support Medical Necessity

Not specified.

### ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

### ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

### Diagnoses that DO NOT Support Medical Necessity

Not specified.

## General 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 patient's medical records will reflect the need for the care provided. The patient'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.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

When billing for quantities of supplies greater than those described in the policy as the usual maximum amounts, there must be clear documentation in the patient's medical records corroborating the medical necessity of the amount(s).

## General Information

The ICD-9 code that justifies the need for these items must be included on the claim.

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

### Appendices

#### Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

#### Sources of Information and Basis for Decision

#### Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from .

#### Start Date of Comment Period

04/30/1993

#### End Date of Comment Period

06/14/1993

#### Start Date of Notice Period

08/01/1993

#### Revision History Number

TRCH004

#### Revision History Explanation

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: DMERC references.

DOCUMENTATION REQUIREMENTS:

Removed: DMERC references.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

## General Information

Revision Effective Date: 07/01/2005  
LMRP converted to LCD and Policy Article  
HCPCS CODES AND MODIFIERS: Added: A4450, A4452, AU

Revision Effective Date: 04/01/2003  
HCPCS CODES AND MODIFIERS:  
Added: A4450, A4452, EY  
INDICATIONS AND LIMITATIONS OF COVERAGE:  
Added standard language concerning coverage of items without an order.  
Added standard language for written order prior to delivery.  
DOCUMENTATION REQUIREMENTS:  
Added standard language concerning use of the EY modifier for items without an order.

The revision date listed below is the date the revision was published and not necessarily the effective date for the revision.

10/01/1996 – HCPCS code K0165 crosswalked to A4629. Added reference to Suction Pump policy in Coverage and Payment Rules section. Added instructions for A4625 and A4629 in Coding Guidelines section. Added instructions for supplies that exceed medically necessary amount in Documentation section.

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11536 from DME PSC TriCenturion (77011) LCD L11536.

### Reason for Change

### Last Reviewed On Date

### Related Documents

#### Article(s)

[A33771 - Tracheostomy Care Supplies - Policy Article - September 2009](#)

### LCD Attachments

There are no attachments for this LCD

### Contractor Information

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### Article Information

**Article ID Number**

A33771

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Tracheostomy Care Supplies - Policy Article - September 2009

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**Primary Geographic Jurisdiction**

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Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## Article Information

### DME Region Article Covers

Jurisdiction A

### Original Article Effective Date

07/01/2005

### Article Revision Effective Date

09/01/2009

### Article Text

#### NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

A tracheostomy care kit is covered for a patient following an open surgical tracheostomy which has been open or is expected to remain open for at least three months.

Claims for tape (A4450 or A4452) that are billed without an AU modifier will be denied as noncovered.

#### 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.

## Article Information

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

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

## Coding Information

### ICD-9 Codes that are Covered

The presence of an ICD-9 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.

519.00	TRACHEOSTOMY COMPLICATION UNSPECIFIED
519.01	INFECTION OF TRACHEOSTOMY
519.02	MECHANICAL COMPLICATION OF TRACHEOSTOMY
519.09	OTHER TRACHEOSTOMY COMPLICATIONS
V44.0	TRACHEOSTOMY STATUS
V55.0	ATTENTION TO TRACHEOSTOMY

**No Coding Information has been entered in this section of the article.**

## Other Information

### Revision History Explanation

**Revision Effective Date: 09/01/2009**

CODING GUIDELINES:

Changed: SADMERC to PDAC.

**03/01/2008** - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A33771 from DME PSC TriCenturion (77011) Article A33771.

**06/01/2007** - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

**03/01/2006** - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

## Other Information

### **Revision Effective date: 07/01/2005**

LMRP converted to LCD and Policy.

### **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:**

Added: ICD-9 codes to list of covered diagnoses.

### **CODING GUIDELINES:**

Added: A4450, A4452

### **Related Documents**

#### **LCD(s)**

[L11536 - Tracheostomy Care Supplies](#)