

Tracheostomy Care Supplies

CONTRACTOR INFORMATION

Contractor Number: 00635

Contractor Type: DMERC

LMRP INFORMATION

LMRP Database ID Number: 11516

LMRP Version Number: 5

LMRP Title: Tracheostomy Care Supplies

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Original Policy Effective Date: For claims received on or after 10/01/1993

Original Policy Ending Date:

Revision Effective Date: For services performed on or after 04/01/2003

Revision Ending Date:

LMRP Description:

Tracheostomy Care Supplies

Indications and Limitations of Coverage and/or 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. 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 to the DMERC. 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.

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.

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 be accompanied by substantiating documentation.

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.

CPT/HCPCS Section:

Medical and Surgical Supplies
Other Supplies

Benefit Category:

Prosthetic Devices

Coverage Topic:

Prosthetic Devices

CODING INFORMATION

CPT/HCPCS Codes:

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

HCPCS Modifier:

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

HCPCS Codes:

A4625 Tracheostomy care kit for new tracheostomy
A4626 Tracheostomy cleaning brush, each
A4629 Tracheostomy care kit for established tracheostomy

Not Otherwise Classified (NOC):

Not specified

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

Non-Medical Necessity ICD-9 Codes Asterisk Explanation:

Not applicable

Diagnoses that Do Not Support Medical Necessity:

Not specified

Reasons for Denials:

Items listed in this policy will be denied as not medically necessary when provided for conditions other than those listed in the "Indications and Limitations of Coverage and/or Medical Necessity" section unless it specifically states in that section that they will be denied as noncovered.

Non-covered ICD-9 Codes:

Not specified

Non-covered Diagnoses:

Not specified

Coding Guidelines:

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

- 1) 1 plastic tray
- 2) 1 basin
- 3) 1 pair of sterile gloves
- 4) tube brush
- 5) 3 pipe cleaners
- 6) 1 pre-cut tracheostomy dressing
- 7) 1 roll of gauze
- 8) 4 4x4 sponges
- 9) 2 cotton tip applicators
- 10) 30 inches twill tape

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

- 1) 1 tube brush
- 2) 2 pipe cleaners
- 3) 2 cotton tip applicators
- 4) 30" twill tape
- 5) 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

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.

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

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" (42 U.S.C. Section 13951[e]). 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 to the DMERC 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 to the DMERC upon request. Items billed to the DMERC 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.

The physician's records must contain information which supports the medical necessity of the item ordered.

When billing for quantities of suppliers greater than those described in the policy as the usual maximum amounts, each claim must include documentation supporting the medical necessity for the higher utilization.

This information must be attached to a hard copy claim or entered into the narrative field of an electronic claim. Additionally, there must be clear documentation in the patient's medical records that corroborate the order and any additional documentation that pertains to the medical necessity of the items and quantities billed.

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

Appendices:

Not applicable

Footnotes:

Not applicable

Utilization Guidelines:

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

Other Comments:

Not applicable

Sources of Information and Basis for Decision:

Reserved for future use.

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:

002

Revision History Explanation:

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.

Prior revision history not available.