

Tracheostomy Supplies

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Introduction

Tracheostomy supplies are addressed by this guideline.

Criteria

Supplies for tracheostomy site care are considered medically necessary following an open surgical tracheostomy that has been, or is anticipated to remain, open for a minimum of three months.

Tracheostomy care kits are considered medically necessary beginning two weeks postoperatively. Each kit is intended to include all supplies required for routine tracheostomy site care; therefore, billing for additional quantities of tracheostomy supplies is considered not medically necessary.

Not Covered

A tracheostomy shower protector is considered a convenience item and therefore considered not medically necessary.

A tracheostomy or laryngectomy tube plug/stop serves as an alternative to the tracheostomy or laryngectomy tube. Therefore, when an individual is using a tube plug/stop, the tracheostomy or laryngectomy tube is considered not medically necessary.

Evidence Discussion

A 2021 systematic review and meta-analysis of 66 studies by de Araujo et al. examined the timing and outcomes of pediatric tracheostomy in mechanically ventilated children. The meta-analysis demonstrated that undergoing tracheostomy within the first 14 days of mechanical ventilation did not significantly affect in-hospital mortality ($p = 0.49$), but substantially reduced both the duration of mechanical ventilation by an average of 26 days ($p < 0.00001$) and hospital length of stay by 31.4 days ($p < 0.008$). Pediatric intensive care unit stays were also reduced by 14.7 days ($p < 0.007$). The authors concluded that early tracheostomy offers meaningful benefits in reducing resource utilization

without increasing mortality, but emphasized that decisions regarding timing should be individualized based on underlying disease rather than ventilation duration alone¹.

A 2018 review by Chatwin et al. emphasized that tracheostomy significantly alters airway clearance strategies in patients with neuromuscular disorders (NMD). The presence of a tracheostomy eliminated glottic closure, which is essential for generating effective cough, making spontaneous secretion clearance nearly impossible. Mechanical insufflation-exsufflation (MI-E) was highlighted as particularly effective when applied through a tracheostomy tube, often outperforming conventional suctioning by clearing both central and peripheral secretions, improving oxygenation, and reducing patient discomfort. Studies cited in the review reported that MI-E via tracheostomy was perceived as less irritating and more effective than endotracheal suctioning, and could be safely used in long-term invasive ventilation, especially with uncuffed tubes.²

The findings of a 2018 review by Masood et al. underscored that standardized protocols, such as scheduled suctioning, humidification, and routine airway assessments, are critical to preventing mucus plugging and respiratory emergencies outside the hospital setting. In the home environment, users and caregivers should be trained to recognize early signs of secretion buildup and airway obstruction, maintain proper equipment (e.g., suction devices, humidifiers, filters, and spare tracheostomy tubes) and adhere to structured care routines similar to those used in inpatient protocols.³

Codes

Note:

If quantity limits are not listed, coverage is based on medical necessity and physician order.

HCPCS code descriptions

HCPCS Code	Description	Quantity Limits (per month)
A4623	Tracheostomy, inner cannula	62

¹ de Araujo OR, Azevedo RT, de Oliveira FRC, Colleti Junior J. Tracheostomy practices in children on mechanical ventilation: a systematic review and meta-analysis. J Pediatr (Rio J). 2022;98(2):126-135. doi:10.1016/j.jped.2021.07.004

² Chatwin M, Toussaint M, Gonçalves MR, et al. Airway clearance techniques in neuromuscular disorders: A state of the art review. Respir Med. 2018;136:98-110. doi:10.1016/j.rmed.2018.01.012

³ Masood MM, Farquhar DR, Biancaniello C, Hackman TG. Association of Standardized Tracheostomy Care Protocol Implementation and Reinforcement With the Prevention of Life-Threatening Respiratory Events. JAMA Otolaryngol. 2018;144(6):527-532. doi:https://doi.org/10.1001/jamaoto.2018.0484

HCP Code	Description	Quantity Limits (per month)
A4625	Tracheostomy care kit for new tracheostomy (see below for supplies included)	31
A4626	Tracheostomy cleaning brush, each	2
A4629	Tracheostomy care kit for established tracheostomy (see below for supplies included)	31
A7501	Tracheostoma valve, including diaphragm, each	1
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	1
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	1 per 6 months
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	62
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	62
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	62
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	62
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	62
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	62
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	1 per 3 months
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each	1 per 3 months

HCPCS Code	Description	Quantity Limits (per month)
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	1 per 12 months
A7524	Tracheostoma stent/stud/button, each	1 per 3 months
A7525	Tracheostomy mask, each	
A7526	Tracheostomy tube collar/holder, each	31
L8501	Tracheostomy speaking valve	1
L8505	Artificial larynx replacement battery / accessory, any type	
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	
L8510	Voice amplifier	
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	
L8514	Tracheoesophageal puncture dilator, replacement only, each	
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	

Tracheostomy care kit for new tracheostomy (HCPCS A4625) supplies

Item	Quantity Included
Plastic tray	1
Basin	1
Sterile gloves	1 pair
Tube brush	1
Pipe cleaners	3

Item	Quantity Included
Pre-cut tracheostomy dressing	1
Gauze	1 roll
4x4 sponges	4
Cotton tip applicators	2
Twill tape	30 inches

Tracheostomy care kit for established tracheostomy (A4629) supplies

Item	Quantity Included
Tube brush	1
Pipe cleaners	2
Cotton tip applicators	2
Twill tape	30 inches
4x4 sponges	2

References

1. Tracheostomy Care Supplies - Policy Article (A52492). Cms.gov. Published 2022. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52492&ver=20&keywordtype=starts&keyword=tracheostomy&bc=0>
2. LCD - Tracheostomy Care Supplies (L33832). Cms.gov. Published 2023. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33832&ver=18&keywordtype=starts&keyword=tracheostomy&bc=0>
3. NCD - Tracheostomy Speaking Valve (50.4). Cms.gov. Published 2015. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=247&ncdver=1&keywordtype=starts&keyword=tracheostomy&bc=0>
4. Tracheostomy | The American Association for Thoracic Surgery | AATS. The American Association for Thoracic Surgery | AATS. Published 2024. <https://www.aats.org/tsra-primer-tracheostomy>