

**References: L166, A33680 (prior to 10/01/2015); L33832, A52492 (on/after 10/01/2015)**

## All Tracheostomy Care Accessories and Supplies

- Dispensing Order, if applicable
- Detailed Written Order (DWO)
- Beneficiary Authorization
- Proof of Delivery (POD)
  - Method 1 - Direct Delivery to the Beneficiary by the Supplier  
**The date the beneficiary/designee signs for the prosthesis is to be the date of service of the claim.**
  - Method 2 - Delivery via Shipping or Delivery Service  
**The shipping date is to be the date of service of the claim.**
  - Method 3—Delivery to Nursing Facility on Behalf of a Beneficiary
- Continued Need
- Continued Use

## Medical Records

Medical records document the following:

- Beneficiary has an open surgical tracheostomy; **and**
- Tracheostomy has been or is expected to remain open for at least three (3) months

### **A4625 – Tracheostomy care or cleaning starter kit**

- Beneficiary has an open surgical tracheostomy that is less than two (2) weeks old

### **A4629 – Tracheostomy care kit**

- Beneficiary has an established tracheostomy (2 weeks and older)

## Billing Reminders

- The diagnosis code that justifies the need for tracheostomy care supplies must be included on each claim (see Policy Article for covered diagnosis codes).
- Tape (A4450, A4452) and wipes or swabs (A5120) used with tracheostomy care supplies must be billed with the AU modifier.
- 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 beneficiary's medical record corroborating the medical necessity of the amounts.

**Print Form**

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