

OHCA Guideline

Medical Procedure Class:	Tracheostomy Tubes and Supplies
Initial Implementation Date:	June 2, 2025
Last Review Date:	May 2025
Effective Date:	June 2, 2025
Next Review/Revision Date:	June 2028
* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input checked="" type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Letter of Medical Necessity (LMN) - a letter of medical necessity is a written explanation from a healthcare provider outlining the need for specific medical services, equipment, or supplies.</p> <p>Tracheostomy – surgically created hole (stoma) in the windpipe (trachea) that allows air to pass through to help with breathing when the usual airway is blocked or reduced. This procedure involves making an incision in the neck and can be necessary for various medical conditions that obstruct the upper airway.</p>	
HCPSC Codes Covered Requiring Prior Authorization (PA)	
<p>S8189 - Tracheostomy Supply, not otherwise classified (OHCA uses for reimbursement of custom tracheostomy tubes for ages 0-20)</p> <p>Please see Appendix A, "Quantity Limits" for other tracheostomy tube and supply codes where no PA is required up to the specified monthly limits.</p>	
Approval Criteria	
<p>Documentation requirements:</p> <p>A. For custom tracheostomy tubes: S8189 (usually silicone):</p> <ol style="list-style-type: none"> 1. Member aged 0-20 years; and 2. Physician/Physician Assistant/Nurse Practitioner order specifying customized tracheostomy tube(s); AND 3. Current history and physical exam OR LMN documenting a tracheostomy and medical necessity for customized tracheostomy tube(s); AND 4. LMN documenting tried and failed standard tracheostomy tube and why member needs, or continues to need, a customized tube; AND 5. Order form from the manufacturer completed and signed by the ordering clinician. <p>B. For standard tracheostomy tubes: A7520, A7521 and A7522:</p> <ol style="list-style-type: none"> 1. Physician/Physician Assistant/Nurse Practitioner order for the quantity requested over the amount allowed without a PA; AND 2. History or physical exam OR LMN documenting tracheostomy and medical necessity for additional tube (s) beyond the allowed limit. 	

C. Tracheostomy supplies

1. Physician/Physician Assistant/Nurse Practitioner order for the supply quantity requested over the amount allowed without a PA; AND
2. History or physical exam OR LMN documenting tracheostomy and medical necessity for additional trach supplies beyond the allowed limits.

Note: For requests outside of these guidelines, please refer to OHCA Medical Director for review.

References

1. Oklahoma Health Care Authority; Policies & Rules. OAC 317:30-5-211.21.
2. CMS Policy Article A52492 - Tracheostomy Care Supplies, 01/01/2020.
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52492>
3. CMS CGS Administrators, LLC, LCD 33832 – Tracheostomy Care Supplies, 01/01/2024.
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33832>

Appendix A - Quantity Limits:

Code	Description	Allowed Units
A7520	Tracheostomy/Laryngectomy tube, non-cuffed, PVC, silicone or equal, each	6 per 12 months combined allowed w/o PA
A7521	Tracheostomy/Laryngectomy tube, cuffed, PVC, silicone or equal, each	
A7522	Tracheostomy/Laryngectomy tube, stainless steel or equal (sterilizable and reusable) each	
S8189	Tracheostomy Supply, not otherwise classified (OHCA uses for custom tracheostomies)	PA Required
A4481	Tracheostoma filter. Any type, any size, each	30 per 25 days w/o PA
A4605	Tracheal Suction Catheter, Closed system, each	4 per calendar month w/o PA
A4623	Tracheostomy Inner Cannula	15 per calendar month w/o PA
A4624	Tracheal suction catheter, any type other than closed system, each	100 per calendar month w/o PA
A4625	Tracheostomy care kit for new tracheostomy	30 per 25 days w/o PA
A4626	Tracheostomy cleaning brush, each	35 per calendar month w/o PA
A4628	Oral and/or oropharyngeal suction catheter, each	10 per calendar month w/o PA
A4629	Tracheostomy care kit for established tracheostomy	30 per calendar month w/o PA
A7501	Tracheostoma valve, including diaphragm, each	1 per calendar month w/o PA
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	1 per calendar month w/o PA
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	5 per calendar month w/o PA
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	31 per calendar month w/o PA

A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	1 per calendar month w/o PA
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each	31 per calendar month w/o PA
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	35 per calendar month w/o PA
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	31 per calendar month w/o PA
A7509	Filter holder and integrated filter housing and adhesive, for use in a tracheostoma heat and moisture exchange system, each	31 per calendar month w/o PA
A7523	Tracheostomy shower protector, each	1 per calendar month w/o PA
A7524	Tracheostoma stent/stud/button, each	4 per calendar month w/o PA
A7525	Tracheostomy mask, each	4 per calendar month w/o PA
A7526	Tracheostomy tube collar/holder, each	20 per 25 days w/o PA
L8501	Tracheostomy speaking valve	4 per rolling month w/o PA