

2022 Billing and Coding Guidelines Shiley™ tracheostomy tubes and accessories

Shiley™ tracheostomy tubes offer a line of tracheostomy solutions to maintain airway patency. The portfolio of Shiley™ neonatal, pediatric, and adult tracheostomy tubes offers uncuffed and cuffed tracheostomy tubes with designs tailored to the needs of patients. These solutions incorporate an extensive range of sizes, a soft material made with a citrate-based plasticizer, and a clear flange that may help promote patient comfort and permit visual inspection of the tracheostomy site.

Medicare coverage guidelines for tracheostomy tubes and accessories

Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) local coverage determinations (LCDs) permit coverage of tracheostomy care supplies for patients following an open surgical tracheostomy.

The DME MAC LCDs limit replacement of polyvinyl chloride and silicone tracheostomy tubes (A7520 and A7521) to one per three months, and replacement of inner cannulas (A4623) to 62 per month. The instructions for use for Shiley™ tracheostomy tubes recommend that tracheostomy tube usage does not exceed 29 days. According to Shiley™ tracheostomy tube instructions for use, inner cannulas should be replaced as needed.

The DME MAC tracheostomy care supplies LCDs state that the maximum number of items/units of service listed are the number they consider “usually reasonable and necessary.” However, the coverage policy states that the actual quantity needed for a beneficiary may be more or less than the amount listed, depending on clinical factors that affect the frequency of supply changes.

The medical necessity explanation for using a greater quantity of supplies than the amounts listed must be clearly documented in the beneficiary’s medical record. If adequate documentation is not provided when additional quantities are requested, if used, the excess quantities can be denied as unreasonable and unnecessary.

Coding for Shiley™ flexible tubes and anti-disconnect devices

According to Medicare’s National Coverage Determinations Manual, Chapter 1, Part 1, Section 50.4, “a trachea tube has been determined to satisfy the definition of a prosthetic device, and the tracheostomy speaking valve is an add on to the trachea tube, which may be considered a medically necessary accessory that enhances the function of the tube. In other words, it makes the system a better prosthesis. As such, a tracheostomy speaking valve is covered as an element of the trachea tube, which makes the tube more effective.”²

All rates provided are for the Medicare National Average for January 2022 and do not represent adjustment specific to the location of the facility. The code range listed below represent HCPCS, which are typically billable only by a Medicare enrolled DME provider. Other providers may choose to report them for cost reporting purposes, but they may not generate a separate payment. Commercial rates are based on individual contracts. Providers are encouraged to review contracts to verify their specific contracted allowables.

HCPCS Code ¹	Description	Shiley™ Product Examples	2022 Medicare Allowable Range ³
A4481	Tracheostoma filter, any type, any size		\$0.38-\$0.45
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	DAR™ heat moisture exchanger (HME) with catheter mount and mechanical filter HME	Carrier discretion (enclose copy of invoice with claim)
A4623	Tracheostomy inner cannula	DIC, XLTIN, 4IC65, 5IC70, 6IC75, 8IC85, 9IC90, 10IC10	\$6.82-\$8.02
A4624	Tracheal suction catheter, any type other than closed system, each		\$2.75-\$3.23
A4625	Tracheostomy care kit for new tracheostomy		\$7.20-\$8.47
A4629	Tracheostomy care kit for established tracheostomy		\$4.84-\$5.69
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each		\$2.59-\$3.05
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinyl chloride (PVC), silicone or equal, each	Shiley™ XUNXX, DCFS, DCFN, CFS, CFN, LGT, XLTUD, XLTUP, PEF, NEF, PELF; including customized tracheostomy tubes	\$49.38-\$58.09
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (PVC), silicone or equal, each	Shiley™ XCNXX, DFEN, DCT, FEN, LPC, SCT, XLTCO, XLTCP, PLCF, PCF, NCF; including customized tracheostomy tubes	\$48.92-\$57.55
A7524	Tracheostoma stent/stud/button, each		\$80.50-\$94.71
A7525	Tracheostomy mask, each		\$2.14-\$2.52
A7526	Tracheostomy tube collar/holder, each	Shiley™ tracheostomy tube holder	\$3.53-\$4.15
A7527	Tracheostomy/laryngectomy tube plug/stop, each		\$3.72-\$4.38
A9999	Miscellaneous durable medical equipment (DME) supply or accessory, not otherwise specified	Could be used to submit claims for Shiley™ flex tubes or Stronghold™ anti-disconnect devices	Carrier Priced*
L8501	Tracheostomy speaking valve	SSV, Shiley™ phonate speaking valve and speaking valve with integrated O ₂ port	\$126.96-\$169.28

*Miscellaneous codes are not assigned a rate within the DME Fee Schedule. Providers may choose to include a copy of the invoice when submitting the claim for this item to illustrate cost.

HCPCS codes that may be used by certain commercial payers for claims submission

Commercial payers have developed "S" codes, which are temporary national codes used to report drugs, services, and supplies to non-Medicare payers. "S" codes are not recognized by Medicare and may not be used to bill services under any Medicare payment system. Because "S" codes are not associated with any Medicare-published coverage policy, no fee schedules or allowable amounts exist for these codes – the commercial payer must be contacted directly for coverage approval and payment information.

There are two "S" codes that may be used to submit claims for tracheostomy supplies. Check with the payer in question to confirm the payer prefers these "S" codes to the miscellaneous equipment code E1399 and to establish coverage guidance and allowable amounts for these codes.

S Code	Description for Non-Medicare Payers Only	Additional Information
S1002	Customized item	List in addition to the code for the basic item
S8186	Swivel adaptor	Contact specific non-Medicare payer
S8189	Tracheostomy supply, not otherwise classified (could potentially be used to submit claims for anti-disconnect devices and flex tubes, for example)	Contact specific non-Medicare payer
E1399	Durable medical equipment, miscellaneous	Contact specific non-Medicare payer

For information related to medical policy for this product, please contact the Medtronic MITG Reimbursement Hotline: 877-278-7482 or Rs.MedtronicMITGReimbursement.com

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¹U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/icd-10/2022-icd-10-pcs> . Updated October 1, 2021.

²Medicare National Coverage Determinations Manual Chapter 1. Part 1 (Sections 10-80.12). https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf

³Centers for Medicare & Medicaid Services. January 2022 DME Fee Schedule. <https://www.cms.gov/medicare/medicare-fee-service-payment/dmeposfeescheddme-pos-fee-schedule/dme22> Published January 4, 2022.