

Criteria Checklist  
**Alabama Medicaid Agency**  
**Tracheostomy Supplies**

---

**PREREQUISITE CRITERIA for A7509 and E1399** *The following **must** be met with supporting documentation\*:*

- Patient is Medicaid eligible
- Patient has current EPSDT screening
- Tracheostomy supplies must be prescribed as a medically necessary health care service to correct or improve a defect or medical condition
- Physician must sign and date the written order for the tracheostomy supplies
- Documentation in the patient's medical record must indicate if the patient had a recent hospitalization for an open surgical tracheostomy that is expected to remain open for at least three months

**OR**

- Documentation in the patient's medical record must indicate the patient has an established tracheostomy

**PREREQUISITE CRITERIA for S8189** *The following **must** be met with supporting documentation\*:*

- Patient is Medicaid eligible.
- A prior authorization is required for a specialty trach.
- Documentation in the patient's medical record must support the need for a specialty trach.

**DIAGNOSIS CODES**

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

**PROCEDURE CODES**

A7509, E1399, S8189

*\*Documentation may include notes from the patient chart and medical records.*