Purpose
This resource is intended for home-based primary care (HBPC) providers and practice staff to provide procedure recommendations for replacement of tracheostomy tube in the home setting.

Equipment Needed for Tracheostomy Tube Change
- Clean table or other surface
- Gloves
- Clean surface barrier
- Suction catheter
- Suction machine
- Supplemental oxygen, if available
- Clean, functional tracheostomy tube kit (including obturator and inner cannula)
- 10 ml syringe to inflate tracheostomy tube cuff
- One size smaller tracheostomy tube available (in case you are unable to insert current size tube)
- Manual respiratory resuscitation bag
- Gauze or tube dressing
- Tracheostomy ties
- Rolled-up towel to assist in the positioning of the patient’s neck
- Clean, soft towel or gauze to wipe away secretions
- Water-soluble lubricant
- Pulse oximeter
- Surgical mask
- Eye protection
- Penlight or headlight

If possible, have an additional individual to preset assist.
Procedure for Tracheostomy Change

- Wash hands.
- Ideally, position the patient supine or semi-recumbent and at a comfortable height for the provider.
- The provider should stand on the side of the patient that is most comfortable for the procedure.
- Make sure there is good lighting available.
- The patient’s neck area should be free of any clothing.
- If needed, suction the patient prior to the tracheostomy tube change.
- Place sterile field (usually glove packaging) on clean table and place new tracheostomy, obturator, tracheostomy ties, inner cannula, dressing, and water-soluble lubricant on the field.
- Put on gloves, mask, and eye protection.
- Prior to insertion, examine all components of the new tracheostomy tube for defects and inject air into the cuff to test for leakage.
- Insert obturator into tracheostomy tube and put a small amount of water-soluble lubricant on the tip of the tracheostomy tube.
- Remove tracheostomy ties and gently clean tracheostomy site with clean wash cloth.
- Prior to removal, deflate the balloon if the current tracheostomy tube is cuffed.
- If applicable, disconnect ventilator tubing from the tracheostomy tube or remove oxygen mask.
- Using a curved motion, remove the old tracheostomy tube and discard.
- Use a penlight or headlight to inspect the stoma for skin breakdown or granulating tissue.
- Wipe any debris away from the stoma opening using a clean gauze.
- Insert tracheostomy tube into stoma using a curved motion.
  ➤ Note that there may be mild resistance as the balloon passes through the stoma. **Do not** advance the tracheostomy tube if more marked resistance is encountered. If this occurs, remove the tube, reposition the patient, inspect the tracheostomy site, then attempt again to reinsert the tube. It may be helpful to rotate the tube 90 degrees then slowly rotate back to a neutral position as the tube is advanced. If unable to insert, the smaller tracheostomy should be inserted.
- Remove obturator once the tracheostomy tube is in place. Note, obturator should be available if the tracheostomy tube becomes accidently dislodged and reinsertion is necessary.
- Insert the inner cannula into the tracheostomy tube and lock into place.
- Inflate the tracheostomy tube cuff with the appropriate amount of air. This is typically what the patient/caregiver has found to be comfortable and also prevent air leaks.
- Reconnect the ventilator tubing or place oxygen mask back over the tracheostomy tube.
- Wipe off any mucus or blood around the stoma with a clean gauze.
- Secure new tracheostomy tube with new tracheostomy ties tight enough to slip one finger underneath the tie.
- Place gauze underneath neck plate of tracheostomy tube.
- If needed, suction the patient post-procedure.
- Post-procedure, assess respiratory status, oxygen saturation, and evaluate for any discomfort.
- Dispose of all used material in a trash can.
- Document procedure, inclusive of type of tube, lot number, and expiration date.
- Order a replacement tracheostomy tube for the patient to have at home in case it is needed.
- Order replacement inner cannula for tracheostomy tube in case it is needed.
Billing for Tracheostomy Tube Replacement

- CPT code 31502 is defined by Current Procedural Terminology (CPT) as tracheostomy tube change prior to the establishment of fistula tract. CPT Assistant 90:6 goes on to say this code has been added for complex changing of the tracheostomy tube. This code is not for a routine change of a tracheotomy tube. Routine changes are bundled into the E/M visit per CPT.

- In your E/M visit it’s recommended to document the procedure, the work you did, and the risk of complications or harmful effects without interventions. If counseling and patient education is provided which increases the total visit time consider if there is an opportunity to bill the E/M based on time in order to maximize reimbursement.

- Check with your local Medicare Administrator Contractor (MAC) and your organization for additional policies that may be in place.

- CPT 31502 CMS national payment rate of $36.00; wRVU 0.65. (2019)

Other Considerations

- The first tracheostomy tube change after initial placement (defined as 3-7 days post-procedure) should be done in a hospital or other controlled environment due to increased risks of complications.1

- There is currently no consensus recommendation for the frequency of tracheostomy tube changes2; however, one study recommends tracheostomy tube change every 3 months due to biofilm formation on the tracheostomy tube, which may affect the structural integrity of the tube.3

- Tracheostomy changes can be done under clean or sterile conditions.2,4

- If provider is unable to insert tracheostomy tube into stoma, the following should be attempted:
  - Reposition the patient.
  - Try to insert a smaller-size tube into the trachea opening.
  - If the above is not successful, cover the stoma area and place face mask of the manual respiratory resuscitation mask over the patient’s nose and mouth and give one breath every 5 seconds.
  - Call 911 and begin CPR.

4 Yaremchuk K. Regular tracheostomy tube changes to prevent formation of granulation tissue. Laryngoscope. 2003 Jan. 113 (1):1-10