

SUCTION PUMP

Service Authorization Required: Yes

CMN: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2023

SUCTION PUMP AND SUPPLIES

Indications and limitations of coverage and medical appropriateness:

Use of a home model respiratory suction pump may be covered for a member who has difficulty raising and clearing secretions secondary to:

- Cancer or surgery of the throat or mouth; **or**
- Dysfunction of the swallowing muscles; **or**
- Unconsciousness or obtunded state; **or**
- Tracheostomy; **or**
- Neuromuscular conditions.

Supplies

- A closed system tracheal suction catheter (A4605) is a type of suction catheter that is protected by an outer sheath. It is connected to the ventilator circuit of a member on mechanical ventilation and left in place. Suctioning is accomplished without disconnection from ventilation.
- A tracheal suction catheter (A4624) is a long, flexible catheter.
- An oropharyngeal catheter (A4628) is a short, rigid (usually) plastic catheter of durable construction.
- Tracheostomy Suctioning: Allow up to three sterile catheters (A4624) per day.
- Oropharynx Suctioning: Not sterile therefore catheters can be reused. Allow up to three catheters (A4624) per week.
- Sterile/Water Saline (A4216, A4217): Allowed for tracheostomy suctioning only. Sterile saline is not medically necessary for oropharynx suctioning.



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- Tracheostomy Care Kit: Includes gloves, cups, basin, and solutions. Allowed for tracheostomy suctioning only. Not covered for oropharyngeal suctioning.
- Included During Rental: Pump, battery, battery charger, carrying case, permanent collection bottles, and overflow valve.
- Billed Separately: Disposable collecting bottles, connecting tubing, and suction catheters.
- When billing for supplies greater than what is allowed, supporting documentation must accompany a service authorization request.
- When a suction pump (E0600) is used for tracheal suctioning, other supplies (e.g., cups, basins, gloves, solutions, etc.) are included in the tracheal care kit code, (A4625). When a suction pump is used for oropharyngeal suctioning, these other supplies are not medically appropriate.
- The suction device must be appropriate for home use without technical or professional supervision. Those using the suction apparatus must be sufficiently trained to adequately, appropriately and safely use the device.

Coverage for Gastrointestinal Suction Pump (E2000):

- Will be approved only for those members with a gastrointestinal tube in place; **and**
- Documentation from treating clinician of an obstructive gastrointestinal diagnosis.
- Accessories and supplies are included in the rental fee.
- When billing for supplies greater than what is allowed, supporting documentation must accompany the service authorization.



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Documentation Requirements:

- A prescription from ordering physician/practitioner.
- Physician/practitioner's documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.

Non-covered:

- Saline used for tracheal lavage.
- Tracheostomy Care Kit oropharyngeal suctioning.

Date Revised	Revisions
April 2017	Reviewed and reformatted, clarified E2000 coverage criteria.
February 2020	Added new logo. Under Documentation requirements section replaced bullets #1 Physician prescription/order and #2 Physician documentation supporting the items ordering with bullet #1 A prescription from ordering physician/practitioner, bullet #2 Physician/practitioner's documentation needs to address medical necessity and bullet #3 Physician/practitioner exam within 90 days of the service authorization start date.
December 22, 2022	Updated with new logo.
December 11, 2023	Reviewed and reformatted. No changes made.