

References: L11494, A25376 (prior to 10/01/2016); L33612, A52519 (on/after 10/01/2016)

All Suction Pumps, Accessories, and Supplies

- Dispensing Order, if applicable
- Detailed Written Order (DWO)
- Beneficiary Authorization
- Proof of Delivery (POD)
 - Method 1 - Direct Delivery to the Beneficiary by the Supplier
The date the beneficiary/designee signs for the prosthesis is to be the date of service of the claim.
 - Method 2 - Delivery via Shipping or Delivery Service
The shipping date is to be the date of service of the claim.
- Continued Need
- Continued Use

Medical Records

Gastric Suction Pumps (E2000)

- Medical records support the beneficiary is unable to empty gastric secretions through normal gastrointestinal functions.

Respiratory Suction Pumps (E0600)

- Medical records support the beneficiary 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

Tracheal Suction Catheters (A4624)

- Beneficiary has a tracheostomy (Refer to LCD for the covered ICD codes); **and**
- Beneficiary requires the use of a covered respiratory pump (E0600) for tracheostomy suctioning

Closed System Catheters (A4605)

- Beneficiary has a tracheostomy (Refer to LCD for the covered ICD codes); **and**
- Beneficiary requires the use of a covered respiratory pump (E0600) for tracheostomy suctioning; **and**
- Beneficiary requires the use of a covered ventilator

Sterile Saline Solution (A4216, A4217)

- Saline is being used to clear a suction catheter after tracheostomy suctioning (Sterile saline is not covered for oropharyngeal suctioning.)

Billing Reminders

- When billing codes A4605 and/or A4624 in beneficiaries with a tracheostomy, ICD code indicating tracheostomy status (refer to LCD for ICD codes) must be entered on the claim.
- When billing code(s) E0600, A7002 and A7047, the ICD code(s) for the condition(s) that justify the need for the item(s) (refer to the LCD for ICD codes) must be entered on the claim form.
- A4624 is only medically necessary for tracheostomy suctioning. No more than three (3) suction catheters per day are covered for tracheostomy suctioning.
- Oropharyngeal suctioning is not a sterile procedure. No more than three (3) catheters per week are covered for oropharyngeal suctioning.
- When billing for quantities of supplies greater than those described in the Indications and Limitations of Coverage and/or Medical Necessity section of the LCD, there must be adequate, clear documentation in the medical records corroborating the medical necessity of this amount.
- Tracheal suction catheters and sterile saline used for suctioning are not covered in nursing facilities (Place of Service 31 and 32).

[Print Form](#)

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