

Suction Pump LCD

LCD Information	
LCD Database ID Number	L11483
LCD Title	Suction Pumps
Contractor's Determination Number	SUCN
AMA CPT / ADA CDT Copyright Statement	CPT codes, descriptions and other data only are copyright 2004 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.
CMS National Coverage Policy	CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1
Original Determination Effective Date	For services performed on or after 10/01/1993
Original Determination Ending Date	Not Applicable
Revision Effective Date	For services performed on or after 04/01/2005
Revision Ending Date	Applicable
Indications and Limitations of Coverage and/or Medical Necessity	<p>For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.</p> <p>For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted to the DMERC. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.</p> <p>Billing for quantities of supplies greater than those described in the policy as the usual maximum amounts must be supported by documentation in the patient's medical record which must be available to the DMERC upon request. In the absence of documentation clearly explaining the medical necessity of the excess quantities, they will be denied as not medically necessary.</p>

Use of a respiratory suction pump (E0600) is covered for patients who have difficulty raising and clearing secretions secondary to:

- 1) Cancer or surgery of the throat or mouth
- 2) Dysfunction of the swallowing muscles
- 3) Unconsciousness or obtunded state
- 4) Tracheostomy

Accessories and supplies are covered and are separately payable when they are medically necessary and used with a medically necessary E0600 pump in a covered setting.

Sterile suction catheters (A4624) are medically necessary only for tracheostomy suctioning. No more than three suction catheters per day are covered for medically necessary tracheostomy suctioning. When a suction catheter (A4624) is used in the oropharynx, which is not sterile, the catheter can be reused if properly cleansed and/or disinfected. No more than three catheters (A4624) per week are covered for medically necessary oropharyngeal suctioning. When billing for quantities of supplies greater than those described in the policy there must be supporting documentation in the patient's medical record which must be available to the DMERC upon request.

Sterile saline solution (A4216, A4217) is covered when used to clear a suction catheter after tracheostomy suctioning. It is denied as not medically necessary when used for oropharyngeal suctioning.

Coverage Topic

Durable Medical Equipment

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service

HCPCS CODES:

A4216 STERILE WATER/SALINE, 10 ML

A4217 STERILE WATER/SALINE, 500 ML

A4605 TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH

A4624 TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH

A4628 OROPHARYNGEAL SUCTION CATHETER, EACH

A7000 CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH

A7001 CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH

A7002 TUBING, USED WITH SUCTION PUMP, EACH

E0600 RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC

E2000 GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC

ICD-9 Codes that Support Medical Necessity Not specified.

Diagnoses that Support Medical Necessity Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation Not Applicable

Diagnoses that DO NOT Support Medical Necessity Not specified

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider" (42 U.S.C. section 13951(e)). It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available to the DMERC upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available to the DMERC upon request. Items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

When billing HCPCS code(s) A4605, A4624 for patients with a tracheostomy, ICD-9 code V44.0 or V55.0 must be entered on the claim form.

When billing for quantities of supplies greater than those described in the Indications and Limitations of Coverage and/or Medical Necessity there must be adequate, clear documentation in the patient's medical records corroborating the medical necessity of this amount. The DMERC may request copies of the patient's medical records that corroborate the order and any additional documentation that pertains to the medical necessity of items and quantities billed.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Not Applicable

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Reserved for future use.

Advisory Committee Meeting Notes

Not Applicable

Start Date of Comment Period

04/30/1993

End Date of Comment Period

06/14/1993

Start Date of Notice Period

08/01/1993

Revision History Number

004

Revision History Explanation

Revision Effective Date: 04/01/2005
LMRP converted to LCD and Policy Article
HCPCS CODES & MODIFIERS:
Added: A4605
Deleted: A4609, A4610

Revision effective date: 04/01/2004
HCPCS CODES AND MODIFIERS:
Added: A4216, A4217
Deleted: A4214, A4323
INDICATIONS AND LIMITATIONS OF COVERAGE:
Added references of new HCPCS codes.

Revision effective date: 04/01/2003
HCPCS CODES AND MODIFIERS:
Added: A4609, A4610, EY modifier
Revised: A4624
Removed: E1399 removed from the HCPCS array.
INDICATIONS AND LIMITATIONS OF COVERAGE:

Added standard language concerning coverage of items without an order.

Added standard language concerning the medical necessity for use of a greater quantity.

DOCUMENTATION:

Added standard language concerning an order requirement. Added standard language concerning use of the EY modifier for items billed without an order.

The revision dates listed below are the approximate dates the revisions were published and not necessarily the effective dates for the revisions.

03/01/2002 - New HCPCS code (E2000) for gastrointestinal suction pumps as distinguished from tracheal suction pumps. New HCPCS A codes replacing K codes for canisters and tubing. Definitional distinction between tracheal and oral suction catheters. Allowance of an additional ICD-9 diagnosis code for coverage of tracheal suction equipment and supplies.

09/01/1996 – HCPCS code K0164 crosswalked to A4628. Added code A4214. Revised Coverage and Payment Rules section.

09/01/1995 – Added HCPCS codes K0190, K0191, and K0192. Removed Certificate of Medical Necessity requirement.

12/01/1993 – Corrected HAO to HA0 in Documentation section.

Related Documents

Article A25496 - Suction Pumps

LCD Attachments

There are no attachments for this LCD

Article for Suction Pumps - Policy Article - Effective April 2005 (A25496)

Contractor Information

Contractor Name	AdminaStar Federal, Inc.
Contractor Number	00635
Contractor Type	DMERC

Article Information

Article Database ID Number A25496

Article Type Article

Key Article Yes

Article Title Suction Pumps - Policy Article - Effective April 2005

DMERC Region Article Covers Region B

Original Article Effective Date 04/01/2005

Article Revision Effective Date Not Applicable

Article Text **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

Saline used for tracheal lavage is a noncovered supply.

Tracheal suction catheters (A4605, A4624) and sterile saline used for suctioning (A4216, A4217) are considered supplies for durable medical equipment. Therefore, when supplied to beneficiaries in nursing facilities, Place of Service Codes 31 and 32, they will be denied as noncovered.

Supplies other than suction catheters and saline are not considered supplies for DME and are therefore noncovered.

CODING GUIDELINES

A portable or stationary home model respiratory suction pump (E0600) is an electric aspirator designed for oropharyngeal and tracheal suction.

A portable or stationary home model gastric suction pump (E2000) is an electric aspirator designed to remove gastrointestinal secretions.

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 patient 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.

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

**Coverage
Topic**

Durable Medical Equipment

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

**Revision History
Explanation**

Effective Date: 04/01/2005
LMRP converted to LCD and Policy Article
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT
RULES:
Added new HCPCS code A4605 and deleted A4609 and
A4610
CODING GUIDELINES:
Added definition for A4605

Related Documents

LCD L11483 - Suction Pumps