

Suction Pumps

Tricenturion

Contractor Information	
Contractor Name	Tricenturion
Contractor Number	77011
Contractor Type	DMERC
LMRP Information	
LMRP Database ID Number	5075
LMRP Version Number	2
LMRP Title	Suction Pumps
Contractor's Policy Number	SUCP20021201
AMA CPT Copyright Statement	CPT codes, descriptions and other data only are copyright 2001 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply.
CMS National Coverage Policy	Coverage Issues Manual 60-9
Primary Geographic Jurisdiction	CT DE MA ME NH NJ NY PA RI VT
Oversight Region	Region III
CMS Consortium	Northeast
DMERC Region LMRP Covers	Region A
Original Policy Effective Date	For services performed on or after 10/01/1993
Original Policy Ending Date	
Revision Effective Date	For services performed after 04/01/2002
Revision Ending	

Date	
LMRP Description	<p>DEFINITIONS:</p> <p>A portable or stationary home model respiratory suction pump (E0600) is an electric aspirator designed for oropharyngeal and tracheal suction.</p> <p>A portable or stationary home model gastric suction pump (E2000) is an electric aspirator designed to remove gastrointestinal secretions.</p> <p>A tracheal suction catheter (A4624) is a long, flexible catheter.</p> <p>An oropharyngeal catheter (A4628) is a short, rigid (usually) plastic catheter of durable construction.</p>
Indications and Limitations of Coverage and/or Medical Necessity	<p>COVERAGE AND PAYMENT RULES:</p> <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>Use of a home model respiratory suction pump (E0600) is covered for patients who have difficulty raising and clearing secretions secondary to:</p> <ol style="list-style-type: none"> 1) Cancer or surgery of the throat or mouth 2) Dysfunction of the swallowing muscles 3) Unconsciousness or obtunded state 4) Tracheostomy (ICD-9 V44.0 or V55.0) <p>When a respiratory suction pump (E0600) is covered, tracheal suction catheters (A4624) are separately payable supplies. In most cases, in the home setting, sterile catheters are medically necessary only for tracheostomy suctioning. Three suction catheters per day are covered for medically necessary tracheostomy suctioning, unless additional documentation is provided. When a tracheal suction catheter is used in the oropharynx, which is not sterile, the catheter can be reused if properly cleansed and/or disinfected. In this situation, the medical necessity</p>

	<p>for more than three catheters (A4624) per week would require additional documentation.</p> <p>Sterile saline solution (A4214, A4323) is covered and separately payable when used to clear a suction catheter after tracheostomy suctioning. It is not usually medically necessary for oropharyngeal suctioning. Saline used for tracheal lavage is a non-covered supply.</p> <p>Tracheal suction catheters (A4624) and sterile saline used for suctioning (A4214, A4323) 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 non-covered.</p> <p>Supplies (A4628) are covered and are separately payable when they are medically necessary and used with a medically necessary (E0600) in a covered setting.</p> <p>When an E0600 is used for tracheal suctioning, other supplies (e.g., cups, basins, gloves, solutions, etc.) are included in the tracheal care kit code, A4625 (refer to the Tracheostomy Care Supplies policy for details). When an E0600 is used for oropharyngeal suctioning, these other supplies are not medically necessary.</p>
CPT/HCPCS Section	Durable Medical Equipment-Suction Pump/Room Vaporizers Medical And Surgical Supplies
Benefit Category	Durable Medical Equipment
Coverage Topic	Durable Medical Equipment
Coding Information	
CPT/HCPCS Codes	<p>The appearance of a code in this section does not necessarily indicate coverage.</p> <p>A4214 STERILE SALINE OR WATER, 30 CC VIAL</p> <p>A4323 STERILE SALINE IRRIGATION SOLUTION, 1000 ML.</p> <p>A4624 TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH</p> <p>A4628 OROPHARYNGEAL SUCTION CATHETER, EACH</p> <p>A7000 CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH</p>

	<p>A7001 CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH</p> <p>A7002 TUBING, USED WITH SUCTION PUMP, EACH</p> <p>E0600 RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC</p> <p>E1399 DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS</p> <p>E2000 GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC</p>
Not Otherwise Classified (NOC)	
ICD-9 Codes that Support Medical Necessity	<p>The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Indications and Limitations of Coverage and/or Medical Necessity" for other coverage criteria and payment information.</p> <p>For HCPCS codes E0600, A4221, A4234, A4624, A7000, A7001, A7002:</p> <p>V44.0 TRACHEOSTOMY STATUS</p> <p>V55.0 ATTENTION TO TRACHEOSTOMY</p>
Diagnoses that Support Medical Necessity	<p>Refer to the previous section for the specific HCPCS codes indicated. For all other HCPCS codes listed in the policy refer to the section on "Indications and Limitations of Coverage and/or Medical Necessity" for other criteria and payment information.</p>
ICD-9 Codes that DO NOT Support Medical Necessity	<p>All ICD-9 codes and diagnoses that are not specified in the preceding sections for the specific HCPCS codes indicated. For all other HCPCS codes listed in the policy refer to the section on "Indications and Limitations of Coverage and/or Medical Necessity" for other criteria and payment information.</p>
Non-Medical Necessity ICD-9 Codes Asterisk Explanation	
Diagnoses that DO NOT Support Medical Necessity	<p>All diagnoses that are not specified in the preceding section for the specific HCPCS codes indicated. For all other HCPCS codes listed in the policy refer to the section on "Indications</p>

	and Limitations of Coverage and/or Medical Necessity” for other criteria and payment information.
Reasons for Denials	Items listed in this policy will be denied as not medically necessary when provided for conditions other than those listed in the “Indications and Limitations of Coverage and/or Medical Necessity” section unless it specifically states in that section that they will be denied as noncovered.
Non-covered ICD-9 Codes	
Non-covered Diagnoses	Not specified.
Coding Guidelines	<p>Code E0600 must not be used for a suction pump used with gastrointestinal tubes.</p> <p>Code E2000 must be used for a suction pump used with gastrointestinal tubes.</p> <p>Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.</p>
General Information	
Documentation Requirements	<p>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.</p> <p>An order for the item, which has been signed and dated by the ordering physician, must be kept on file by the supplier. When billing HCPCS code A4624 for patients with a tracheostomy, ICD-9 code V44.0 or V55.0 should be entered on the claim form.</p> <p>Refer to the Supplier Manual for more information on documentation requirements.</p>
Appendices	
Footnotes	
Utilization	Refer to Indications and Limitations of Coverage and/or

Guidelines	Medical Necessity.
Other Comments	
Sources of Information and Basis for Decision	
Advisory Committee Meeting Notes	
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	SUCP004
Revision History Explanation	<p>The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.</p> <p>04/01/2002 - 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.</p> <p>10/01/1996 – HCPCS code K0164 crosswalked to A4628. Added code A4214. Revised Coverage and Payment Rules section.</p> <p>10/01/1995 – Added HCPCS codes K0190, K0191, and K0192. Removed Certificate of Medical Necessity requirement.</p> <p>12/01/1993 – Corrected HAO to HA0 in Documentation section.</p>
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