

## LCD for Suction Pumps (L11505)

### Contractor Information

**Contractor Name**

[TriCenturion](#)

**Contractor Number**

77011

**Contractor Type**

DME PSC

**DME MAC/DMERC this DME PSC is affiliated with**

AdminaStar Federal, Inc (Region B), National Heritage Insurance Company (Region A)

### LCD Information

**LCD ID Number**

L11505

**LCD Title**

Suction Pumps

**Contractor's Determination Number**

SUCP20070101

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**CMS National Coverage Policy**

CMS Manual System, Pub. 100.3, Medicare National Coverage Determinations Manual, Chapter 1, Section 280-1

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Illinois  
Indiana  
Kentucky  
Massachusetts  
Maryland  
Maine  
Michigan  
Minnesota  
New Hampshire  
New Jersey  
New York - Entire State  
Ohio  
Pennsylvania

Rhode Island  
Virginia  
Vermont  
Wisconsin  
West Virginia

**Oversight Region**

Central Office

**DME Region LCD Covers**

Jurisdiction A/B

**Original Determination Effective Date**

For services performed on or after 10/01/1993

**Original Determination Ending Date**

**Revision Effective Date**

For services performed on or after 01/01/2007

**Revision Ending Date**

**Indications and Limitations of Coverage and/or Medical Necessity**

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.

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. 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.

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 upon request. In the absence of documentation clearly explaining the medical necessity of the excess quantities, they will be denied as not medically necessary.

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 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 AND/OR DEXTROSE, DILUENT/FLUSH, 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**

### **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." 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 upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and be available upon request. Items billed 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. 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 must be available upon request.

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

### **Appendices**

### **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**

### **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**

SUCP009

### **Revision History Explanation**

Revision Effective Date: 01/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed references to DMERC

HCPCS CODES:

Revised: A4216

DOCUMENTATION:

Removed references to DMERC

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

HCPCS CODES & MODIFIERS:

Changed description for A4216.

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 MODIFIER:

Added A4216 and 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.

COVERED ICD-9 CODES:

Deleted: V44.0 and V55.0

DOCUMENTATION:

Changed requirement for adding ICD-9 diagnosis code to apply specifically and only to code A4624.

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

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

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.

10/01/1996 – HCPCS code K0164 crosswalked to A4628. Added code A4214. Revised Coverage and Payment Rules section.

10/01/1995 – Added HCPCS codes K0190, K0191, and K0192. Removed Certificate of Medical

Necessity requirement.

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

**Last Reviewed On Date**

**Related Documents**

**Article(s)**

[A25314 - Suction Pumps - Policy Article - Effective January 2006](#)

**LCD Attachments**

There are no attachments for this LCD

**Article for Suction Pumps - Policy Article - Effective January 2006 (A25314)**

**Contractor Information**

**Contractor Name, Number, and Type**

DME PSC: TriCenturion (77011)

DME MAC: AdminaStar Federal, Inc (17003) , National Heritage Insurance Company (16003)

**Article Information**

**Article ID Number**

A25314

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Suction Pumps - Policy Article - Effective January 2006

**Primary Geographic Jurisdiction**

Connecticut

District of Columbia

Delaware

Illinois

Indiana

Kentucky

Massachusetts

Maryland

Maine

Michigan

Minnesota

New Hampshire

New Jersey

New York - Entire State

Ohio

Pennsylvania

Rhode Island

Virginia

Vermont

Wisconsin

West Virginia

**DME Region Article Covers**

Jurisdiction A/B

**Original Article Effective Date**

04/01/2005

**Article Revision Effective Date**

03/01/2006

## **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 water, 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

Revision Effective Date: 01/01/2006  
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES  
Revised definition of A4216

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

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

### Related Documents

#### LCD(s)

[L11505 - Suction Pumps](#)