

LCD for Suction Pumps (L11505)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

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
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

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 06/01/2007

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

LCD Information

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.

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

Coding Information

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

General Information

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.

General Information

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.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11505 from DME PSC TriCenturion (77011) LCD L11505.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A25314 - Suction Pumps - Policy Article - Effective September 2009](#)

LCD Attachments

There are no attachments for this LCD

Article for Suction Pumps - Policy Article - Effective September 2009 (A25314)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A25314

Article Type

Article

Key Article

Yes

Article Title

Suction Pumps - Policy Article - Effective September 2009

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

04/01/2005

Article Information

Article Revision Effective Date

09/01/2009

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 Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coding Information

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

Other Information

Revision History Explanation

Revision Effective Date: 09/01/2009

CODING GUIDELINES:

Changed: SADMERC to PDAC.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A25314 from DME PSC TriCenturion (77011) Article A25314.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003,

Other Information

Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

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).

Revision Effective Date: 01/01/2006

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

Revised: Definition of A4216.

Revision 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(s)

[L11505 - Suction Pumps](#)