Medicare

- **Respiratory Suction**
  - A detailed RX with documentation and diagnosis that the patient needs a respiratory suction machine.
    - 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 (A4628) 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 (A4628) 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.
    - When billing HCPCS code(s) A4605-Tracheal Suction Catheter closed system, A4624-Tracheal suction catheter, any type other than closed system, for patients with a tracheostomy, ICD-9 code V44.0 or V55.0 must be entered on the claim form.

- **Gastric Suction**
  - A detailed RX with documentation and diagnosis that the patient needs a gastric suction machine.
  - A portable or stationary home model gastric suction pump (E2000) is an electric aspirator designed to remove gastrointestinal secretions.

Medicaid

**Respiratory Suction**

- A detailed RX with documentation and/or diagnosis that the patient needs a respiratory suction machine.
  - A Medicaid cyberaccess pre-certification is required for suction machine. The following criteria must be met:
A respiratory suction pump is covered for patients who have difficulty coughing and clearing secretions secondary to:

- Cancer or surgery of the throat or mouth
- Dysfunction of the swallowing muscles
- Tracheostomy
- Altered level of consciousness

**Gastric Suction**

- A detailed RX with documentation and/or diagnosis that the patient needs a gastric suction machine.
- Medicaid requires a PA (billing will complete) for under 21 and an exception for over 21.

**BCBS/Anthem** Missouri Plans

**Respiratory and Gastric suction**

- Detailed order with documentation and/or diagnosis that the patient needs a suction machine.

**UHC**

**Respiratory and Gastric suction**

- Detailed order with documentation and/or diagnosis that the patient needs a suction machine.

**CoxHealth**

**Respiratory and Gastric suction**

- Detailed order with documentation and/or diagnosis that the patient needs a suction machine.