

**Policy References:**

**[Local Coverage Determination Suction Pumps \(L33612\) and Policy Article \(A52519\)](#)**

**Documentation References: [Standard Documentation Requirements Policy Article \(PA\) A55426](#)**

The treating clinician must complete the following items:

- [Standard Written Order \(SWO\)](#)
- Medical record documentation requirements (see below)

**Medical Documentation**

**Gastric Suction Pumps are covered when:**

- Medical records support the beneficiary is unable to empty gastric secretions through normal gastrointestinal functions.

**Respiratory Suction Pumps are covered when:**

- Medical records support the beneficiary has difficulty raising and clearing secretions secondary to one of the following:
  - Cancer or surgery of the throat or mouth; **or**
  - Dysfunction of the swallowing muscles; **or**
  - Unconsciousness or obtunded state; **or**
  - Tracheostomy

**Tracheal Suction Catheters are covered when all of the following are met:**

- Beneficiary has a tracheostomy (Refer to LCD for the covered ICD codes)
- Beneficiary requires the use of a covered respiratory pump for tracheostomy suctioning

**Closed System Catheters are covered when all of the following are met:**

- Beneficiary has a tracheostomy
- Beneficiary requires the use of a covered respiratory pump for tracheostomy suctioning
- Beneficiary requires the use of a covered ventilator

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