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

The content of this document was prepared as an educational tool and is not intended to grant rights or impose obligations. Use of this document is not intended to take the place of either written law or regulations. Suppliers are reminded to review the Local Coverage Determination and Policy Article for specific documentation guidelines.