

CLINICIAN CHECKLIST FOR SUCTION PUMPS

Policy References:

- [Local Coverage Determination \(LCD\) \(L33612\)](#)
- [Policy Article \(A52519\)](#)

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

The treating practitioner must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Medical Documentation

Gastric Suction Pumps

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

Respiratory Suction Pumps

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

Beneficiary has a tracheostomy (Refer to Policy Article for the covered diagnosis codes); **and**
Beneficiary requires the use of a covered respiratory pump for tracheostomy suctioning.

Closed System Catheters

Beneficiary has a tracheostomy; **and**
Beneficiary requires the use of a covered respiratory pump for tracheostomy suctioning; **and**
Beneficiary requires the use of a covered ventilator.