



RESPIRATORY SUCTION PUMP COVERAGE CRITERIA

Coverage of suction pump should be reasonable and necessary. Documentation to support that should include:

- Standard Written Order
- Face-to-Face Notes

STANDARD WRITTEN ORDER: A valid order must be obtained prior to delivery and include a qualifying diagnosis code in order to qualify for a suction pump.

FACE-TO-FACE NOTES: The patient must have a face-to-face clinical evaluation by the treating physician within 6 months prior to the date of the order.

Patients must have difficulty raising and clearing secretions secondary to one of the following:

1. Cancer or surgery of the throat or mouth
2. Dysfunction of the swallowing muscles
3. Unconsciousness or obtunded state

SUCTION SUPPLIES: Suction supplies are covered by insurance separately from the suction pump and must be documented as medically necessary to use with the suction pump.

- A7002: Suction Tubing (1 per month)
- A7001: Suction Canister (1 per month)
- A4649: Bacterial Filter (1 per month)
- A4628: Yankauer (4 per month)

E-PRESCRIBE: Frontier Home Medical makes ordering equipment easier with electronic ordering through Parachute. Visit our website (FrontierHomeMedical.com) to learn more about Parachute and get started with electronic ordering.

FAX PRESCRIPTION & FACE-TO-FACE NOTES TO THE LOCAL FRONTIER BRANCH.

If you have any questions or concerns, please contact Frontier Home Medical. Thank you for your cooperation!

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