



## 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 abtuned 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](http://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!

Cozad 304 W 8th Street Cozad, NE 69130 888.326.3818 fax: 308.784.3061	Omaha 8425 F St, Ste A Omaha, NE 68127 877.714.2500 fax: 402.614.2550	McCook 708 E B Street McCook, NE 69001 888.345.2068 fax: 308.345.6921	North Platte 601 S Dewey St., Ste. 3 North Platte, NE 69101 308.532.2078 fax: 308.532.2088	Kearney 3813 2nd Ave Kearney, NE 68847 877.234.3532 fax: 308.234.4245	Lincoln 4550 O St. Lincoln, NE 68510 877.465.0033 fax: 402.465.0055	Grand Island 225 N Webb Rd, Ste 2 Grand Island, NE 68803 877.727.6222 fax: 308.384.4923
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