

Medical Policy



Suction Pumps

Description

Suction pumps are lightweight, compact, electric aspirators designed for home use. Use of the device does not require technical or professional supervision.

Policy

Suction pumps are considered **reasonable and necessary** for Members meeting coverage criteria.

Policy Guidelines

GASTRIC SUCTION

A gastric suction pump (E2000) is used to remove gastrointestinal fluids under continuous or intermittent suction via a tube. Use of a gastric suction pump and related supplies are covered for beneficiaries who are unable to empty gastric secretions through normal gastrointestinal functions. Use of a gastric suction pump for other conditions will be denied as not reasonable and necessary.

Supplies (tubing, tape, dressings, etc.) are covered and are separately payable when they are medically necessary and used with a medically necessary E2000 pump. Supplies used with DME that is denied as not reasonable and necessary will also be denied as not reasonable and necessary.

RESPIRATORY SUCTION

A respiratory suction pump (E0600) is only covered for beneficiaries who have difficulty raising and clearing secretions secondary to:

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

Use of a respiratory suction pump for other conditions will be denied as not reasonable and necessary.

Suction catheters (A4605, A4624, A4628) and sterile water/saline (A4216, A4217) are covered and are separately payable when they are medically necessary and used with a

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medically necessary E0600 pump. Supplies used with DME that is denied as not reasonable and necessary will also be denied as not reasonable and necessary.

Codes A4605 and A4624 are only covered for beneficiaries with a tracheostomy (Reference the Diagnosis Codes that Support Medical Necessity section) as described below:

Claims for A4605 and A4624 suction catheters that do not meet all of the criteria above will be denied as not reasonable and necessary.

More than three A4624 catheters per day will be denied as not reasonable and necessary for tracheostomy suctioning.

Non-tracheal suction catheters (A4628) are reasonable and necessary for suctioning in the oropharynx. The oropharynx is not sterile, therefore the catheter can be reused if properly cleansed and/or disinfected. More than three catheters (A4628) per week will be denied as not reasonable and necessary for oropharyngeal suctioning.

A7047 is not used to remove secretions for the covered indications described above. Claims for A7047 will be denied as not reasonable and necessary.

Sterile water/saline solution (A4216, A4217) is covered when used to clear a suction catheter after tracheostomy suctioning. Sterile water/saline will be denied as not reasonable and necessary when used for oropharyngeal suctioning.

WOUND SUCTION

Use of suction on wounds (A9272, K0743) is only appropriate in those clinical scenarios where the quantity of exudate exceeds the capacity of conservative measures such as surgical dressings and wound fillers to contain it. However, wound suction to remove exudate can be accomplished with the use of non-covered disposable suction devices (A9272) or with covered DME devices (K0743). When a non-covered alternative exists (A9272), it is not reasonable or necessary to use a covered DME item (K0743). Therefore, when K0743 is billed it will be denied as not reasonable and necessary.

Wound suction pumps and their associated supplies, which have not been specifically designated as being qualified to use HCPCS code K0743 via written instructions from the Pricing, Data Analysis and Coding (PDAC) Contractor will be denied as not reasonable and necessary.

Supplies (dressings, tubing, etc.) are covered and are separately payable when they are medically necessary and used with a medically necessary K0743 pump. Supplies used with DME that is denied as not reasonable and necessary will also be denied as not reasonable and necessary.

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CODING GUIDELINES

A portable or stationary home model respiratory suction pump (E0600) is an electric aspirator designed for oropharyngeal and tracheal suction. This code also includes devices designed for purposes other than the removal of secretions. One example is a device used to apply suction via a mouthpiece to increase the size of the airway as a treatment for obstructive sleep apnea (Winx® (Apnicure) or similar systems).

A portable or stationary home model gastric suction pump (E2000) is an electric aspirator designed to remove gastrointestinal secretions.

A closed system tracheal suction catheter (A4605) is a type of suction catheter that is protected by an outer sheath. It is connected to the ventilator circuit of a patient on mechanical ventilation and left in place. Suctioning is accomplished without disconnection from ventilation.

A tracheal suction catheter (A4624) is a long, flexible catheter.

An oropharyngeal catheter (A4628) is a short, rigid (usually) plastic catheter of durable construction.

An oral interface (A7047) is used as part of the Winx® (Apnicure) or similar systems. This code is not to be used for oral appliances used to treat OSA or for any other type of oral suction appliances. Do not use the oral appliance HCPCS codes E0485 or E0486 for this interface.

Wound suction is provided with an integrated system of components. This system contains a pump (K0743) and dressing sets (K0744 – K0746). It does not include a separate collection canister (A7000), a defining component of Negative Pressure Wound Therapy (NPWT). Instead, exudate is retained in the dressing materials. Wound suction systems that do not contain all of the required components are not classified as wound suction systems. See below for component specifications.

Code K0743 describes a suction pump for wounds which provides controlled sub atmospheric pressure that is designed for use with dressings, (K0744 – K0746) without a canister.

Codes K0744-K0746 describe an allowance for dressing sets which are used in conjunction with a stationary or portable suction pump (K0743) but not used with a canister. Each of these codes (K0744 – K0746) is used for a single, complete dressing change, and contains all necessary components, including but not limited to non-adherent

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porous dressing, drainage tubing, and an occlusive dressing which creates a seal around the wound site for maintaining sub atmospheric pressure at the wound. These dressing sets are selected based upon wound size using the smallest size necessary to cover the wound. For multiple wounds located close together, a single large dressing must be used rather than multiple smaller dressing sets if it is possible to fit the wounds under a single larger dressing set.

Code A9272 describes a disposable wound suction device. Suction is developed through the use of any type of mechanism. This device includes all components, accessories and dressings. Code A9272 is all-inclusive. Supplies used with disposable wound suction systems are not separately billable. Examples (not all-inclusive) include SNaP (Spiracure), PICO (Smith and Nephew), VAC Via (KCI). Disposable wound suction items other than those coded as A9272 must be coded A9270 (noncovered item or service).

Supplies used with disposable wound suction systems must be coded as A9270 (noncovered item or service). For example, supplies (tubing, dressings, etc.) used with an elastomeric suction device would be correctly coded A9270.

The only products which may be billed using codes K0743 are those for which a written Coding Verification Review has been made by the Pricing, Data Analysis and Coding (PDAC) Contractor and subsequently published on the appropriate Product Classification List.

Code E0467 (HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS) describes a ventilator that integrates the function of multiple types of equipment into a single device. Code E0467 combines the function of a ventilator with those of any combination or all of the following:

- Oxygen equipment
- Nebulizer and compressor
- Aspirator (suction device)
- Cough stimulator (multiple products)
- Positive airway pressure devices (PAP and RAD)
- Custom fabricated oral appliances

The following HCPCS codes for individual items are included in the functionality of code E0467:

- HCPCS codes E0600, A4216, A4217, A4605, A4624, A4628, A7000, A7001, A7002, and A7047

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Claims for any of the HCPCS codes listed above that are submitted on the same claim or that overlap any date(s) of service for E0467 is considered to be unbundling.

In addition, any claim for repair (HCPCS code K0739 for labor and any HCPCS code for replacement items) of beneficiary-owned equipment identified by HCPCS codes listed above is considered as unbundling if the date(s) of service for the repair overlaps any date(s) of service for code E0467.

Claims for code E0467 with a date(s) of service that overlaps date(s) of service for any of the following scenarios are considered as a claim for same or similar equipment when the beneficiary:

- Is currently in a rental month for any of the items listed above.
- Owns any of the equipment listed above that has not reached the end of its reasonable useful lifetime.

HCPCS CODES:

HCPCS	Description
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
A4217	STERILE WATER/SALINE, 500 ML
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH
A4628	ORAL AND/OR OROPHARYNGEAL SUCTION CATHETER, EACH
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH
A7002	TUBING, USED WITH SUCTION PUMP, EACH
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH
A9272	WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, ANY TYPE, (ALL INCLUSIVE)
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC

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HCPCS	Description
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS
K0744	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE MORE THAN 16 SQUARE INCHES BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES
K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE

Supplies used with DME that is denied as not reasonable and necessary will also be denied as not reasonable and necessary.

Limitations:

1. Billing for quantities of supplies greater than those described in the policy as the usual maximum amounts must be supported by medical documentation which must be sent in. In the absence of documentation clearly explaining the medical necessity of the excess quantities, they will be considered not reasonable and necessary.
2. A gastric suction pump is covered when used in conjunction with a nasogastric tube.
3. Tubing (A7002) replacement is limited to one per month – unless supported by specific state Medicaid limits.
4. Canister, disposable (A7000) and non-disposable (A7001) replacement is limited to one per month for the disposable canister (A7000) and one per six months for the non-disposable canister (A7001) – unless supported by specific state Medicaid limits.

ICD-10 Codes that Support Medical Necessity

For HCPCS Codes A4605 and A4624

ICD-10 CODE	DESCRIPTION
J95.00	Unspecified tracheostomy complication
J95.01	Hemorrhage from tracheostomy stoma
J95.02	Infection of tracheostomy stoma
J95.03	Malfunction of tracheostomy stoma

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J95.04	Tracheo-esophageal fistula following tracheostomy
J95.09	Other tracheostomy complication
Z43.0	Encounter for attention to tracheostomy
Z93.0	Tracheostomy status

ICD-10 Codes that DO NOT Support Medical Necessity

For HCPCS Codes A4605 and A4624 – All Codes Not Listed Above

For HCPCS Codes A7002, A7047 and E0600 - G47.33

For the remaining codes in this Policy - Not specified.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

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Northwood’s policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; October 2015.

CGS Administrators, LLC. Jurisdiction B DME MAC, Suction Pumps. Local Coverage Determination No. L33612; Last accessed/reviewed November 19, 2024.

Noridian Healthcare Solutions, LLC. Suction Pumps. Local Coverage Determination No. L33612. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A.; revised January 1, 2020.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	
01	12-2008	Added to Sterile Saline Solution to coverage criteria	Susan Glomb	Ken Fasse	n/a	
02		Annual Review – no additional changes	Susan Glomb	Ken Fasse	Dec.2008	
03	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
04	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
05	03-11-11	Replaced A4624 with A4628 in reference to re-use of catheter	Susan Glomb	Ken Fasse		
06	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		

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07	11-10-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
08	12-03-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Dec. 2012	
09	12-18-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri		
10	12-1-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	12-11-15	Annual Review. Updated policy to include Medicare guidelines re: wound pumps A9272 and K0743. References updated	Susan Glomb	Dr. B. Almasri		
12	12-07-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
13	12-13-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017	
14	12-03-18	Annual Review. Updated Medicare references.	Lisa Wojno	Dr. C. Lerchin	December 2018	
15	11-14-19	Annual Review. Updated policy to include Coding Guidelines.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019
16	11-12-20	Annual Review. Updated to add ICD-10 codes that Support Medical Necessity for specific codes and those that Do Not Support Medical Necessity for specific codes. Updated 'physician' to 'practitioner'.	Lisa Wojno	Dr. C. Lerchin	November 2020	
17	11-15-21	Annual review. Policy updated to indicate Code A9272 is all inclusive. Added NCD, LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 15,2021	

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18	11-16-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-16-22	11-16-22
19	11-15-23	Annual review. Added long descriptor for HCPCS code A4628.	Carol Dimech	Dr. C. Lerchin	11-15-23	11-15-23
20	11-19-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-19-24	11-19-24