

Suction Pumps

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Gastric and respiratory suction pumps require precertification.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1
Local Coverage Determination Policy	J- B/ C
Effective Date	For service performed on or after 10/31/13
Revision/Review Date	01/19, 11/18, 06/07/18, 07/01/17, 09/01/16, 09/29/14
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.

DESCRIPTION

A suction pump removes secretions or other fluids by suction, consisting of a valve cylinder with a vertically moving piston.

COVERAGE GUIDELINES

Use of a gastric suction pump (E0200) is used to remove gastrointestinal fluids under continuous or intermittent suction via a tube. It is covered for members who are unable to empty gastric secretions through normal gastrointestinal functions. No other use for the gastric suction pump will be authorized.

Supplies (tubing, tape, dressings) will be covered for use with a gastric suction pump when they are required for the proper function of the device.

Use of a respiratory suction pump (E0600) is covered for members 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

Sterile suction catheters (A4624) are covered only for tracheostomy suctioning and the member requires the use of a respiratory suction pump. No more than three suction catheters per day will be covered.

Closed system catheters (A4605) are covered for tracheostomy suctioning only. The member must require the use of both a respiratory suction machine and a ventilator.

When a suction catheter (A4628) is used in the oropharynx, which is not sterile, the catheter can be reused if properly cleansed and/or disinfected. No more than three catheters (A4628) per week will be covered.

Sterile saline solution (A4216, A4217) is covered when used to clear a suction catheter after tracheostomy suctioning. It is not covered when used for oropharyngeal suctioning.

A wound suction pump (K0743) is only covered in situations where the quantity of exudates exceeds the capacity of other treatments, such as dressings and wound fillers. If not corroborated by clinical documentation, K0743 will be denied. Provider/physician must document all therapies that have been tried and failed, including noncovered wound suction devices coded A9270 and A9272.

If The Health Plan authorized K0743, then supplies will be authorized as appropriate for the proper functioning of the device. Suction pumps coded K0743 require verification thru the Pricing, Data Analysis, and Coding Contractor (PDAC).

NONCOVERAGE STATEMENT

In situations where wound suction to remove exudates can be adequately provided by the disposable wound suction device (A9272), the wound suction pump (K0743) will not be covered, as it is not reasonable and necessary.

Disposable wound suction devices (A9270, A9272) are not covered as they do not meet the definition of DME and are statutorily noncovered by Medicare. An example would be the **SNaP** (Spiracure) device, the PICO (Smith and Nephew), and the VAC via (KCI).

Note: Medicare is allowing for NWPT using a disposable device for wound care under Hospital Based Outpatient/Ambulatory Payment Classification or Home Health Nursing care. However, the service is

not billed under DME HCPCS code but CPT codes 97607 and 97608 with status indicator T, depending. Please refer to Medlearn Matters MM9736 for Instructions. Links noted at the end of this policy.

The ApniCure, Inc. Winx® Sleep Therapy System is not covered for reimbursement of the E0600 when used to treat OSA. It does not meet coverage guidelines, as it is not suction applied to remove secretions. The device uses suction via a mouthpiece with the intent of increasing the size of the airway.

A7047 is not covered, as it is not used to remove gastric or respiratory secretions. It is used as part of the WINX system

Saline used for tracheal lavage is a noncovered supply.

Respiratory suction pumps and supplies are not covered for diagnosis of sleep apneas, G47.33 et al.

Codes K0744-K0746 Not covered for WV Medicaid. Please use the appropriate A codes.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
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HCPCS CODES

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	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
A9270	NONCOVERED ITEM OR SERVICE
A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, EACH
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC
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 GREATER THAN 48 INCHES

DIAGNOSES AND ICD-10 CODES FOR A4605 and A4624

J95.00- J95.04	TRACHEOSTOMY COMPLICATIONS NOS, HEMORRHAGE FROM TRACHEOSTOMY STOMA, INFECTION OF TRACHEOSTOMY STOMA, MALFUNCTION OF TRACHEOSTOMY STOMA, TRACHEO-ESOPHAGEAL FISTUAL FOLLOWING TRACHEOSTOMY
J95.09	OTHER TRACHEOSTOMY COMPLICATION
Z43.0	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY
Z93.0	TRACHEOSTOMY STATUS

There are no specific diagnoses or ICD-10 codes that indicate medical necessity for other HCPCS codes in this policy.

DOCUMENTATION REQUIREMENTS

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Description of item. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
 - d. Order must include diagnosis code
 - e. Physician signature with date. Date stamps are not appropriate
 - f. Quantity of items required and duration – a new order is required if these is an increase in the quantity of the supply used per month and/or the type of supply used.

The supplier is to contact The Health Plan in this instance to update referral.

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information but must be available upon request usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (i.e., A Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Precertification is required when supplies used are greater than the usual maximum quantity listed in above. There must be adequate, clear documentation in the medical record corroborating the medical necessity of this amount. This documentation is to be submitted with precertification.

SUCTION PUMP PROVIDED WHILE MEMBER IN A PART A COVERED STAY

Reimbursement for suction pumps provided to a member while the member is covered in a Part A facility (hospital or inpatient acute rehabilitation or long-term acute care facility) will be included in the facility reimbursement if the device is intended for use while the member is in the facility for inpatient treatment or rehabilitation. A separate claim/precertification from a durable medical equipment provider must not be submitted in this situation.

Reimbursement for a suction pump provided while a member is in a SNF receiving Part A services, will be reimbursed according to the individual facility's contract.

EQUIPMENT RETAINED FROM A PRIOR PAYOR:

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if member meets guidelines above.

BILLING GUIDELINES

Billing for quantities of supplies, greater than those described in the policy as the usual maximum amounts, must be supported by documentation in the member's medical record which must be available upon request. In the absence of documentation clearly explaining the medical necessity of the excess quantities, they will be denied as not reasonable and necessary.

Tracheal suction catheters (A4605, A4624) and sterile water, saline used for suctioning (A4216, A4217) are considered supplies for DME.

Code A7000 is not billed with K0743.

K0744 - K0746 is used for a single, complete dressing change and includes **all necessary components**, including but not limited to: non-adherent porous dressing, drainage tubing, and occlusive dressing, which creates a seal around the wound size using the smallest size necessary to cover the wound. If

there are multiple wounds located close together, then a single large dressing should be used instead of multiple smaller dressings.

The ApniCure, Inc. Winx® Sleep Therapy System product coding was assigned in the January 2014 HCPCS code update.

- Console - E0600 (RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC)
- Tubing - A7002 (TUBING, USED WITH SUCTION PUMP, EACH)
- Oral interface - A7047 (ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH)

DISPENSING SUPPLIES

The Health Plan is following Medicare guidelines for supplies provided on a reoccurring basis:

Providers are required to contact members prior to dispensing supplies and or medications and not automatically ship supplies. Contact with member must not take place prior to 14 calendar days of delivery and delivery is to be no sooner than 10 calendar days of end of usage. *Please refer to CMS Program Integrity Manual for more information.* (CMS Program Integrity Manual, Internet-Only Manual, CMS Pub. 100-8, Chapter 5, Section 5.2.6).

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If the coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

If providers are billing The Health Plan with codes (K0743, K0744, K0745, and K0746) please submit supporting documentation that the device has PDAC approval along with clinical documentation supporting medical necessity.

Only devices approved by the PDAC to be coded K0743 and found on their website will be reviewed for authorization by The Health Plan.

MEDICARE DEFINITIONS AND DESCRIPTION

A portable or stationary home model respiratory suction pump (E0600) is an electric aspirator designed for oropharyngeal and tracheal suction.

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

K0743 is a suction pump for wounds which provides controlled atmospheric pressure. It is designed to use with dressings (K0744 - K0746).

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 member on mechanical ventilation and left in place. Suctioning is accomplished without disconnection from ventilation. **This code is not separately reimbursable from the ventilator and should not be submitted if it is not being used in conjunction with a ventilator.**

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

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

The ApniCure, Inc. Winx® Sleep Therapy System uses continuous low suction delivered to the oral cavity via a fitted mouthpiece to move the soft tissue and increase the size of the airway in the retropharynx and oral cavity.

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INTERNET LINKS AND SOURCES

CGS Medicare. A Celerian Group Company. Correct Coding - ApnicureWinx® Sleep Therapy System. A Joint DMEMAC Publication. 11/5/18

cgsmedicare.com/jc/pubs/news/2014/0214/cope24682.html

National Government Services website. Medical Policy Center. Durable Medical Equipment. Suction Pumps. Local Coverage Determination L27030 and Article A47084. Jurisdiction B. Last accessed 11/5/18. Retrieved from <https://ngsmedicare.com>

CGS Medicare: A Celerian Group Company. Local Coverage Determination Policy. Suction Pumps. L33612 and Article A52519. Jurisdiction C. Last accessed 11/5/18. Retrieved from cgsmedicare.com/jc/coverage/lcdinfo.html

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 11/5/18. Retrieved from <http://www.dhhr.wv.gov/bms/Pages/Chapter-506-Durable-Medical-Equipment%2c-Prosthetics%2c-Orthotics-and-Supplies-%28DMEPOS%29.aspx>

Department of Health and Human Services Centers for Medicare and Medicaid Services. Medicare Learning Network. MLN Matters®#MM9736. Last accessed 11/5/18. Retrieved from:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9736.pdf>

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last Accessed 11/5/18. Retrieved from <https://www.dmepdac.com/dmecsapp/>

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11