

The Department of Vermont Health Access Medical Policy

Subject: Respiratory Suction Pump

Last Review: June 6, 2016

Revision 4: June 2, 2015

Revision 3: October 30, 2014

Revision 2: April 24, 2013

Revision 1: October 25, 2011

Original Effective: 2004

Description of Service or Procedure

A respiratory suction pump is an electrical aspirator designed for upper respiratory oral pharyngeal and tracheal suction and may be for use in the home. It is designed to remove respiratory secretions that cannot be managed by the beneficiary due to a compromised cough mechanism or tracheostomy.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category and is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

An electrical suction device may be covered for beneficiaries:

- When this device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described in their Vermont State Practice Act, who is knowledgeable in the use of suction devices and who provides medical care to the beneficiary AND
- When the clinical criteria below are met.



Coverage Criteria

A suction device may be covered for a beneficiary when the following criteria are met:

- Has a medical condition which impairs the raising and clearing of secretions (secondary to but are not limited to: cancer of the mouth/throat, dysfunctional swallowing due to a neurological condition, tracheostomy, unconsciousness or obtunded state) **AND**
- The individual and/or caregiver has successfully demonstrated, to a knowledgeable practitioner such as a home health or hospital nurse, the ability to use, manage, and clean the suction device to a skilled professional practitioner.

Clinical guidelines for repeat service or procedure

Repeat service is limited to the guidelines above.

Type of service or procedure covered

Home respiratory suction device and related supplies and services. Medical supplies which are necessary to the functioning of the equipment are included in the rental and not to be billed in addition to the rental of the equipment.

References

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