

The Department of Vermont Health Access Clinical Criteria

Subject: Respiratory Suction Pump

Last Review: June 27, 2023*

Past Revisions: August 7, 2020, June 14, 2017, June 2, 2015, October 30, 2014, April 24, 2013, October 25, 2011, and 2004

***Please note: Most current content changes will be highlighted in yellow.**

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 member due to a compromised cough mechanism or artificial airway such as a tracheostomy or endotracheal tube.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
4.209	Durable Medical Equipment

Coverage Position

An electrical suction device may be covered for members:

- When this device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of



Professional Regulation's website*, Statute, or rule who is knowledgeable in the use of suction devices and who provides medical care to the member AND

- When the clinical criteria below are met.
- Effective for dates of service on or after May 1, 2018, providers may bill for supplies up to the DVHA quantity limit during the rental period for: E0445, E0465, E0466, E0470, E0471, E0565, E0600, and E0601.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

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

- The individual 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.

This is currently a capped rental item and is paid in 10 monthly installments. See the capped rental list on the VT Medicaid Portal under Provider Resources at <http://vtmedicaid.com/#/resources>.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

- If the repair of the device is greater than 50% of the cost of replacement.
- Repeat service is limited to the guidelines above.

Type of service or procedure covered

Coverage is limited to 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

Centers for Medicare and Medicaid Services. (n.d). *Early and periodic screening, diagnostic, and treatment*. Medicaid.gov. <https://www.medicare.gov/medicaid/benefits/epsdt/index.html>

Doyle, G., & McCutcheon, J. (2015). 5.8 Oral suctioning. *Clinical procedures for safer patient care*. BCcampus. <https://opentextbc.ca/clinicalskills/chapter/5-7-oral-suctioning/>

Sinha, V., & Fitzgerald, B. (2022). Surgical airway suctioning. *StatPearls*. StatPearls Publishing.
<https://www.ncbi.nlm.nih.gov/books/NBK448077/>

This document has been classified as public information.