



SUCTION PUMP RESPIRATORY

Suction pump, Respiratory

The following documentation is required to be in clinic visit/therapy notes from the treating provider within 12 months of the prescription for consideration of payment.

Documentation from the medical record should indicate the diagnosis responsible for the needed equipment and support all of the following criteria:

A respiratory suction pump is covered for patients 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 and sterile water/saline are covered when they are medically necessary and used with a medically necessary respiratory pump.

Our Locations

Baraboo · 1111 Eighth Street · 800-924-2273
Fond du Lac · 307 Camelot Drive · 800-732-1313
Janesville · 3700 E. Racine Street · 800-924-2273
Madison · 4639 Hammersley Road · 800-924-2773
Reedsburg · 164 Second Street · 800-924-2273

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