



### MO HealthNet PA Criteria

Medical Procedure Class:	<b>Suction Pump, Respiratory – E0600NU, E0600RR</b>
Implementation Date:	<b>January 9, 2009 – Smart PA Implementation January 15, 2009 – CyberAccess Implementation</b>
Prepared for:	<b>MO HealthNet</b>
Prepared by:	<b>Conduent Business Services, LLC</b>

**New Criteria**

**Revision of Existing Criteria**

### Executive Summary

<b>Purpose:</b>	To allow a more consistent and streamlined process for authorization of respiratory suction pumps.	
<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
<b>Procedures subject to Pre-Certification</b>	E0600 – Respiratory Suction Pump, home model, portable or stationary, electric	
<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants	
<b>Data Sources:</b>	<input checked="" type="checkbox"/> <b>Medicare LCD</b>	<input checked="" type="checkbox"/> <b>MHN Policy</b>

### Setting & Population

All MO HealthNet fee-for-service patients

## Approval Criteria

A respiratory suction pump is covered for patients who have difficulty coughing and clearing secretions secondary to:

- Cancer or surgery of the throat or mouth
- Dysfunction of the swallowing muscles
- Tracheostomy
- Altered level of consciousness

## Denial Criteria

Will be denied if the approval criteria are not met

## Approval Period

E0600NU – purchase if needed for more than 9 months (automatic purchase)  
OR  
E0600RR – rental, physician specified length of need 1-9 months (considered purchased after 9 months of rental)

## Appendix A: Potential Questions for Step 1 and Step 2

**\*\*The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient.**

1. Does the patient have difficulty coughing and clearing secretions?
2. Is difficulty due to cancer or surgery of the throat or mouth?
3. Is difficulty due to dysfunction of the swallowing muscles?
4. What is the duration of need? \_\_\_\_\_
5. Is difficulty due to a tracheostomy?
6. Is difficulty due to an altered level of consciousness?
7. Is there a written signed and dated physician's order for a respiratory suction pump?