

Gammie HomeCare

Compassionate. Knowledgeable. Solutions.

Maui 292 Alamaha St. Kahului, HI 96732 P: (808) 877-4032 F: (808) 442-0409 *Kauai* 4490 Puhi Rd. Unit #101 Lihue, HI 96766 P: (808) 632-2333 F: (808) 442-0409 *Oahu* 98-199 Kamehameha Hwy. E#4 Aiea, HI 96701 P: (808) 597-8087 F: (808) 442-0409

Suction Unit (Oral) Insurance Coverage Criteria

Prescription of Ordered Item - Suction Unit

1. Please specify: Yankauer or Catheter (size of catheter i.e. 14FR)



1

Medical Record Documenting:

- 1. Difficulty raising and clearing secretions due to:
 - i. Cancer / Surgery of throat / mouth
 - ii. Dysfunction of the swallowing muscles
 - iii. Unconsciousness or obtunded state
 - iv. Tracheostomy
- 2. Swallowing tests are a good source of documentation, if available

Coverage criteria is taken from the CMS Medicare Local Coverage Determination policies. These guidelines are subject to change without notice. Last Updated 8.16.19.