

**APPENDIX S
CERTIFICATION FOR SUCTION PUMP**

**Alliant GMCF
PA/UM Department
PO Box 105329
Atlanta, GA 30346**

Member Name: _____

Medicaid Number: _____

Diagnosis: _____ ICD-9 Code: _____

Medical necessity for suction:

- Trachcotomy
- Copious oral secretions without the ability to clear mucus (Explain)

MD Signature: _____

Date: _____

MD Printed Name and Address: _____

