

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Air Fluidized Bed-PREAUTH

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	04/15/2008	Policy Last Updated:	6/4/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Air fluidized beds are typically used for treatment of pressure ulcers in the home environment. An air-fluidized bed uses the circulation of filtered warm air under pressure to set small ceramic beads in motion, which simulates a fluid movement. It is designed to treat or prevent bedsores, or to treat extensive burns. Patients in need of this type of bed are confined to bed for very long periods of time. When the patient is placed in the bed, the body weight is evenly distributed over a large surface area, which creates a sensation of floating.

Structural support should be adequate to support the weight of the air-fluidized bed system (it generally weighs 1600 pounds or more) and the electrical system is sufficient for the anticipated increase in energy consumption.

***Conservative treatment must include:**

- Frequent repositioning of the patient with particular attention to relief of pressure over bony prominence (usually every two hours)
- Use of specialized support surfaces (group II) designed to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation
- Necessary treatment to resolve any wound infection
- Optimization of nutrition status to promote wound healing
- Debridement by any means to remove devitalized tissue from the wound bed
- Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings protected by an occlusive covering, while the wound heals
- Identification of current ulcers (location and size)
- All other alternative equipment has been considered and ruled out

Medical Criteria:

All BCBSRI Products

Home use of an air-fluidized bed is considered medically necessary when all of the following criteria are met:

- The patient must have **stage 3** (full thickness tissue loss) or **stage 4** (deep tissue destruction) pressure sore. Documentation submitted should include wound size.
- The patient must be bedridden or chair bound as a result of severely limited mobility.
- The patient would otherwise require institutionalization in the absence of an air-fluidized bed.
- The patient must have utilized and failed or be contraindicated for all other alternative equipment, including but not limited to, gel floating pads, eggcrate mattresses, and pressure pads and pumps.
- The patient must have exhausted *conservative treatment without improvement (the course of treatment must have been at least one month in duration).
- A physician must direct the home treatment regiment, and re-evaluates and recertifies the need for the air-fluidized bed on a monthly basis.
- A trained adult caregiver must be available to assist the patient with activities of daily living, fluid balance, dry skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the air-fluidized bed system and its problems, such as leakage.
- Patient does not require treatment with wet soaks or has moist-wound dressings that are not protected with impervious (waterproof) coverings such as plastic wrap or other occlusive material.

Note: Once initial approval has been obtained, the rental of the bed will be reviewed every three months.

Policy:

Preauthorization is required for BlueCHIP for Medicare and recommended for all other BCBSRI products in all settings (i.e., home, skilled nursing facility).

All BCBSRI products:

Air fluidized bed is considered medically necessary when the criteria above are met.

Providing structural or electrical changes to the home in order to support the use of the bed is not covered.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable medical equipment, medical supplies, and prosthetic devices benefits/coverage.

Coding:

The following code is considered medically necessary when the criteria above are met and requires preauthorization:

E0194 Air-fluidized bed

Also known as:

Hospital beds, fixed height
Hospital beds, variable height
Hospital beds, semi-electric
Hospital beds, total electric
Hospital beds, extra wide/heavy duty
Beds, safety crib or enclosed
Group three (3) support surfaces
Clinitron bed
Mediscus heavy duty system

Related topics:

None

Published:

Provider Update, August 2013
Provider Update, January 2013
Provider Update, March 2012
Provider Update, January 2011
Provider Update, Jan 2010
Provider Update, Jun 2008
Policy Update, Aug 2007
Policy Update, Sep 2006
Policy Update, Jun 2002

References:

Centers for Medicare and Medicaid Services National Coverage Determination (NCD) for AIR-FLUIDIZED BED (280.8). .

Review History:

6/4/2013: Annual review of the policy.

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