

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Air Fluidized Bed-PREAUTH

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	4/15/2008	Policy Last Updated:	12/20/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

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.

Medical Criteria:

For coverage of an air-fluidized bed **all** of the following medical criteria **must** be met:

Note: Rental period to be re-reviewed every three months, once initial approval is obtained:

- 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.

***Documentation for 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

Policy:

Air-Fluidized Bed Rental is approved for a three month period. Continued services require re-review/approval.

When a patient is admitted as an acute inpatient hospital or acute inpatient rehabilitation facility, the air-fluidized bed **is included** in the rates established and, therefore, no additional reimbursement is extended and review is not required.

When a patient is admitted to a skilled nursing facility, or subacute care facility, the air-fluidized bed **is not included** in the rates established and, therefore, review is required.

A patient in a **home setting or a nursing facility** must meet the above medical criteria in order for approval to be extended.

Home use of the Air-Fluidized Bed is **not considered medically necessary** if **ANY** of the following circumstances exist:

- Patient requires 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.
- Caregiver is unable to provide the type of care required for the patient on an air-fluidized bed.
- Home structural support is inadequate to support the weight of the air-fluidized system (it weighs 1,600 pounds or more).
- Home electrical system is insufficient for the anticipated increase in energy consumption.
- Other known contraindications exist.

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.

Preauthorization is required for BlueCHIP for Medicare and recommended for all other BCBSRI products.

Coding:

E0194 Air-fluidized bed

Also known as:

Group three (3) support surfaces
Clinitron bed
Mediscus heavy duty system

Related topics:

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

Published:

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

References:

Centers for Medicare and Medicaid Services National Coverage Determination (NCD) for AIR-FLUIDIZED BED (280.8). Accessed 11/29/11.

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