

EFFECTIVE DATE: 04|15|2008

POLICY LAST UPDATED: 06|04|2013

OVERVIEW

This medical policy documents the coverage determination for use of an Air Fluidized Bed. 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.

PRIOR AUTHORIZATION

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

POLICY STATEMENT

Blue CHiP for Medicare and Commercial

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

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

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.

BACKGROUND

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)

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

Blue CHiP for Medicare and Commercial

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

E0194

RELATED POLICIES

None

PUBLISHED

Provider Update	Aug 2013
Provider Update	Jan 2013
Provider Update	Mar 2012
Provider Update	Jan 2011
Provider Update	Jan 2010
Provider Update	Jun 2008
Policy Update	Aug 2007
Policy Update	Sep 2006

REFERENCES

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

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