Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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Category: Durable Medical Equipment

Title: Air-Fluidized Beds

Procedure Code(s): E0194

Description / Background

An air-fluidized bed is a device employing the circulation of filtered air through ceramic spherules (small, round ceramic objects) that is marketed to treat and prevent bedsores or treat extensive burns.

Air fluidized beds are beds filled with up to two thousand pounds of ceramic beads, covered by a polyester sheet. The flow of warm pressurized air circulates through the beads causing them to simulate fluid movement and distributing the patient's weight over a large surface area. This creates a sensation of floating. In addition, the polyester sheet allows for moisture and air to pass through, which helps keep the skin dry and limits the skin breakdown caused by moisture and incontinence.

CPT / HCPCS Level II Codes and Description

E0194 Air fluidized bed

Diagnoses / Medical Conditions

N/A

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Medical Policy Statement

The safety and effectiveness of air-fluidized beds have been established. They are useful therapeutic options in the treatment of decubitus ulcers (bedsores), wound ulcers or burns for patients that are bedridden or chair bound

Rationale

The use of this bed can help reduce pressure on burns, deep decubitus ulcers and wound ulcers, allowing them to heal when all other modalities have either failed or were not tlerated.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

Air fluidized beds are used on patients who have deep bedsores, wound ulcers or severe burns to help in the healing process. These beds use warm pressurized air that causes small ceramic beads in the bed to circulate. This creates a fluid effect on the inside of the bed and gives the patient a floating sensation. It relieves pressure to the bedsore, ulcer and burn areas allowing them to heal.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Use of the air-fluidized bed may be medically appropriate when *all* of the following indications are met for patients who:

- Are bedridden and are unable to ambulate;
- Have stage 3 (full thickness tissue loss) or stage 4 (deep tissue destruction) pressure sore or third degree burns;
- Have exhausted conservative treatment without improvement;
- Would require institutionalization in the absence of an air fluidized bed;
- Have a trained adult caregiver 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;
- Have a physician who directs the home treatment regimen and re-evaluates and re-certifies the need for the air fluidized bed on a monthly basis; and
- Have utilized and ruled out all other alternative equipment. Such alternatives include, but are not limited to gel flotation pads, egg crate or air mattresses and pressure pads.

Home use of the air-fluidized bed is not appropriate under any of the following circumstances:

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- The patient has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation from the mattress, causing thickening of pulmonary secretions).
- The patient requires treatment with wet soaks or moist wound dressings that are not protected with an impervious covering such as plastic wrap.
- The caregiver is unable to provide the type of care required by the patient on an air-fluidized bed.
- Structural support in the home is inadequate to support the weight of the air fluidized system (it weighs 1600 pounds or more).
- The home electrical system is insufficient for the anticipated increase in energy consumption.

Related Policies

None

Medicare Information

60-19. Air Fluidized Bed (Effective for Services Rendered On or After: 07/30/90)
An air-fluidized bed uses warm air under pressure to set small ceramic beads in motion which simulate the movement of fluid. When the patient is placed in the bed, his body weight is evenly distributed over a large surface area which creates a sensation of "floating." Medicare payment for home use of the air-fluidized bed for treatment of pressure sores can be made if such use is reasonable and necessary for the individual patient.

A decision that use of an air-fluidized bed is reasonable and necessary requires that:
- The patient has a stage 3 (full thickness tissue loss) or stage 4 (deep tissue destruction) pressure sore.
- The patient is bedridden or chair bound as a result of severely limited mobility.
- In the absence of an air-fluidized bed, the patient would require institutionalization.
- The air-fluidized bed is ordered in writing by the patient's attending physician based upon a comprehensive assessment and evaluation of the patient after completion of a course of conservative treatment designed to optimize conditions that promote wound healing. This course of treatment must have been at least one month in duration without progression toward wound healing. This month of prerequisite conservative treatment may include some period in an institution as long as there is documentation available to verify that the necessary conservative treatment has been rendered.
- Use of wet-to-dry dressings for wound debridement, begun during the period of conservative treatment and which continue beyond 30 days, will not preclude coverage of air-fluidized bed. Should additional debridement again become necessary, while a patient is using an air-fluidized bed (after the first 30-day course of conservative treatment) that will not cause

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the air-fluidized bed to become non-covered. In all instances documentation verifying the continued need for the bed must be available.

- Conservative treatment must include:
  - Frequent repositioning of the patient with particular attention to relief of pressure over bony prominences (usually every 2 hours);
  - Use of a specialized support surface (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 (including wet to dry dressings which does not require an occlusive covering) to remove devitalized tissue from the wound bed; and
  - Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings protected by an occlusive covering, while the wound heals.
- A trained adult caregiver is 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.
- A physician directs the home treatment regimen and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis.
- All other alternative equipment has been considered and ruled out.

Home use of the air-fluidized bed is <u>not covered</u> under any of the following circumstances:

- The patient has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens pulmonary secretions).
- The patient requires treatment with wet soaks or moist wound dressings that are not protected with an impervious covering such as plastic wrap or other occlusive material.
- The caregiver is unwilling or unable to provide the type of care required by the patient on an air-fluidized bed.
- Structural support is inadequate to support the weight of the air-fluidized bed system (it generally weighs 1600 pounds or more).
- Electrical system is insufficient for the anticipated increase in energy consumption; or
- Other known contraindications exist.

Coverage of an air-fluidized bed is limited to the equipment itself.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

References

- Ahronheim, Judith C., "Special Problems in the Geriatric Patient," *Goldman: Cecil Textbook of Medicine, 21st edition,* Copyright © 2000 W. B. Saunders Company, Chapter 8.

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- Blue Cross Blue Shield Association, "Air Fluidized Beds," *Medical Policy Reference Manual*, Policy #1.01.01, Original policy date 12/1/95, last review date 1/2003.
- Centers for Medicare & Medicaid Services (CMS), *Medicare Coverage Database*, "Air-Fluidized Bed," Manual Section Number 60.19, Original effective date 07/30/90.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 6/21/04, the date the research was completed.

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Joint BCBSM/BCN Medical Policy History

Date	Rationale
3/28/02	Joint medical policy established
9/8/04	Maintenance review, updated policy verbiage and resources. Policy recommended for retirement

Next Review: This is an established policy and no longer subject to periodic review

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN: 8/21/01	Revised: N/A
BCBSM: 10/2/96	Revised: N/A

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