Air-Fluidized Bed

Policy Number: PG0352
Last Review: 03/13/2018

PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

X Professional
_ Facility

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.

In 2016, the National Pressure Ulcer Advisory Panel (NPUAP) updated the staging system to evaluate pressure ulcers to include the following definitions:

Stage 1 Pressure Injury: Non-blanchable erythema of intact skin
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis
Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).

Stage 3 Pressure Injury: Full-thickness skin loss
Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Stage 4 Pressure Injury: Full-thickness skin and tissue loss
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss
Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4).

POLICY

Air-fluidized beds (E0194) require prior authorization for all product lines.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Home use of an air-fluidized bed for treatment of pressure sores is reasonable and necessary for the patient if **ALL** of the following criteria are met:

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

Documentation for 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.

- Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings protected by an occlusive covering, while the wound heals.

Home use of the air-fluidized bed is **NOT** covered 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.

- Other known contraindications exist.

Coverage of an air-fluidized bed is limited to the equipment itself. Payment for this covered item may only be made if the written order from the attending physician is furnished to the supplier prior to the delivery of the equipment. Payment is not included for the caregiver or for architectural adjustments such as electrical or structural improvement.

The continued coverage of an air-fluidized bed as reasonable and necessary must be documented by the treating physician every month. Continued use of an air fluidized bed is covered until the ulcer is healed or, if healing does not continue, there is documentation to show that: (1) other aspects of the care plan are being modified to promote healing, or (2) the use of the bed is reasonable and necessary for wound management.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODE	
E0194	Air-fluidized bed
ICD-10 CODES	
L89.003	Pressure ulcer of unspecified elbow, stage 3
L89.004	Pressure ulcer of unspecified elbow, stage 4
L89.013	Pressure ulcer of right elbow, stage 3
L89.014	Pressure ulcer of right elbow, stage 4
L89.023	Pressure ulcer of left elbow, stage 3
L89.024	Pressure ulcer of left elbow, stage 4
L89.103	Pressure ulcer of unspecified part of back, stage 3

L89.104	Pressure ulcer of unspecified part of back, stage 4
L89.113	Pressure ulcer of right upper back, stage 3
L89.114	Pressure ulcer of right upper back, stage 4
L89.123	Pressure ulcer of left upper back, stage 3
L89.124	Pressure ulcer of left upper back, stage 4
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.303	Pressure ulcer of unspecified buttock, stage 3
L89.304	Pressure ulcer of unspecified buttock, stage 4
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.503	Pressure ulcer of unspecified ankle, stage 3
L89.504	Pressure ulcer of unspecified ankle, stage 4
L89.513	Pressure ulcer of right ankle, stage 3
L89.514	Pressure ulcer of right ankle, stage 4
L89.523	Pressure ulcer of left ankle, stage 3
L89.524	Pressure ulcer of left ankle, stage 4
L89.603	Pressure ulcer of unspecified heel, stage 3
L89.604	Pressure ulcer of unspecified heel, stage 4
L89.613	Pressure ulcer of right heel, stage 3
L89.614	Pressure ulcer of right heel, stage 4
L89.623	Pressure ulcer of left heel, stage 3
L89.624	Pressure ulcer of left heel, stage 4
L89.813	Pressure ulcer of head, stage 3
L89.814	Pressure ulcer of head, stage 4
L89.893	Pressure ulcer of other site, stage 3
L89.894	Pressure ulcer of other site, stage 4
L89.93	Pressure ulcer of unspecified site, stage 3
L89.94	Pressure ulcer of unspecified site, stage 4

REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 11/10/2015
11/10/15: Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.
03/13/18: Added ICD-10 codes per CMS guidelines. Policy reviewed and updated to reflect the most current clinical evidence per Medical Policy Steering Committee.
12/22/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.