

Corporate Medical Policy

Air Fluidized Beds

File Name: air_fluidized_beds
Policy Number: DME0010
Origination: 3/1996
Last Review: 8/2004
Next Review: 8/2006

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

An air fluidized bed is used to treat or prevent bedsores or to treat extensive burns. The bed circulates filtered warm air under pressure, which sets small ceramic beads or silicone in motion under the patient. When the patient is placed in the bed, the body weight is distributed over a large surface area. This simulates a fluid movement and a sensation of floating.

The staging of pressure ulcers used in this policy is as follows:

Stage	Description
Stage I	observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel) and/or sensation (pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.
Stage II	partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.
Stage III	full thickness skin loss involving damage to, or necrosis of, subcutaneous tissues that may extend down to, but not through, underlying fascia. The ulcer presents clinically as deep crater with or without undermining of adjacent tissue.
Stage IV	full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

Policy

Active policy, no longer scheduled for routine literature review.

BCBSNC will provide coverage for Air Fluidized Beds when they are determined to be medically nec-

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essary because the medical criteria and guidelines shown below are met.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

DME Supplier must meet eligibility and/or credentialing requirements as defined by the Plan in order to be eligible for reimbursement.

When Air Fluidized Beds are covered

An air fluidized bed is medically necessary in the treatment of bedsores and [decubitus ulcers](#) and in the treatment of extensive burns for the non-ambulatory patients.

All of the following conditions must be met:

1. The patient is bedridden OR unable to fully or partially ambulate/walk (e.g., para or quadriplegic));
2. The patient has stage 3 (full thickness tissue loss) or stage 4 (deep tissue destruction) pressure sore;
3. The patient has exhausted conservative treatment without improvement, or conservative therapies are not appropriate. In other words, alternative equipment, e.g. gel flotation pads, egg crate mattresses, air mattresses, and pressure pads and pumps, have been tried and/or ruled out as effective treatments;
4. The patient would require institutionalization in the absence of an air fluidized bed;
5. The patient has 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;
6. A physician directs the home treatment regimen and reevaluates and recertifies the need for the air fluidized bed on a monthly basis;
7. A full assessment of the home environment demonstrates its capability to handle such a device. In other words, are the electrical systems and room temperature controls adequate.

When Air Fluidized Beds are not covered

Home use of the air fluidized bed is not considered medically necessary under any of the following circumstances:

1. The patient requires treatment with wet soaks or has moist wound dressings that are not protected with an impervious covering such as plastic wrap;
2. The caregiver is unable to provide the type of care required by the patient on an air fluidized bed;
3. Structural support is inadequate to support the weight of the air fluidized system (it weighs 1600 pounds or more);
4. The home electrical system and home ventilation and air conditioning are insufficient for the anticipated increase in energy consumption and heat production.

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Policy Guidelines

Not applicable.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable code: E0194

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: Air fluidized beds, Bed, Clinitron Beds, Durable Medical Equipment, DME

Medical Term Definitions

Decubitus ulcer

an ulcer caused by prolonged pressure in debilitated patients confined to bed or otherwise immobilized; often occurs over a bony area; also called decubitus, bed sore, or pressure sore.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - 12/95

BCBSNC Matrix Program - Certificate Language - 5/97

Ancillary Network Recontracting/New Contracts 2/98

Medical Policy Advisory Group - 10/99

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

BCBSA Medical Policy Reference Manual, 1.01.01, 4/15/02

ECRI Target Fact Sheet, Air-fluidized beds for decubitus ulcers. Target Report #87, August, 1998

Medicare Coverage Policy ~ NCDs. Air-Fluidized Beds for Pressure Ulcers (#CAG-00017). Decision Memorandum. Retrieved from <http://cms.hhs.gov/coverage/8b3-q6.asp>

Specialty Matched Consultant Advisory Panel - 9/2002

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.01, 4/29/03.

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Specialty Matched Consultant Advisory Panel - 8/2004

Policy Implementation/Update Information

- 3/96 Original policy issued
- 3/97 Reaffirmed
- 5/97 Revised. Added DME Supplier information and Source as contract language
- 9/97 ANR comments reviewed. No further changes necessary. Benefit Application section debated and comments will remain the same.
- 2/98 Revised comments under Benefit Application section to read DME Supplier must meet eligibility and/or credentialing requirements as defined by the Plan in order to be eligible for reimbursement.
- 10/99 Medical Policy Advisory Group
- 3/00 System coding changes
- 10/00 Specialty Matched Consultant Advisory Panel review. No change recommended in criteria. Medical Policy Advisory Group review. No change in criteria. Approve.
- 10/02 Specialty Matched Consultant Advisory Panel review. Added table concerning the Stages and Descriptions of pressure ulcers. Added Scientific Sources. No change to policy criteria.
- 12/03 Benefits Application and Billing/Coding Sections updated for consistency.
- 9/9/04 Specialty matched Consultant Advisory Panel review 8/27/2004 with no changes to policy criteria. Statement in "When Air Fluidized Beds are covered" section changed to say, "1. The patient is bed-ridden OR unable to full or partially ambulate/walk (e.g., para or quadriplegic)". References added. Policy status changed to: "Active policy, no longer scheduled for routine literature review."

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.