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.

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.

POLICY
Air-fluidized beds require prior authorization.

HMO, PPO, Individual Marketplace, Elite, 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.

**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.

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<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
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<td>E0194</td>
<td>Air-fluidized bed</td>
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**REVISION HISTORY EXPLANATION**
11/10/15: Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.