# Air-Fluidized Bed (NCD 280.8)

Guideline Number: MPG007.06
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Terms and Conditions

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## Policy Summary

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### Overview

An air-fluidized bed uses warm air under pressure to set small ceramic beads in motion which simulate the movement of fluid; the circulation of filtered air through silicone coated ceramic beads creates the characteristics 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."

### Guidelines

UnitedHealthcare 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:

1. The patient has a stage 3 (full thickness tissue loss) or stage 4 (deep tissue destruction) pressure ulcer;
2. The patient is bedridden or chair bound as a result of severely limited mobility;
3. In the absence of an air-fluidized bed, the patient would require institutionalization;
4. 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.
5. 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.

   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;


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- 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.

In addition, conservative treatment should generally include:
- Education of the member and caregiver on the prevention and management of pressure ulcers; and
- Assessment by a physician, nurse, or other licensed healthcare practitioner at least weekly, and
- Appropriate management of moisture/incontinence.

An occlusive barrier is required, when necessary, to maintain a moist wound-healing environment that may otherwise be compromised by the drying action of airflow generated by air-fluidized therapy. If moist dressings are not required because of the wound characteristics (e.g., heavily exudative wound, etc.), the occlusive barrier is not required as a condition for reimbursement.

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 noncovered. In all instances, documentation verifying the continued need for the bed must be available.

6. 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;
7. A physician directs the home treatment regimen, and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis; and
8. All other alternative equipment has been considered and ruled out.

Home use of the air-fluidized bed is not covered under any of the following circumstances:
1. The patient has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective, and dry air inhalation thickens pulmonary secretions);
2. 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;
3. The caregiver is unwilling or unable to provide the type of care required by the patient on an air-fluidized bed;
4. Structural support is inadequate to support the weight of the air-fluidized bed system (it generally weighs 1600 pounds or more);
5. Electrical system is insufficient for the anticipated increase in energy consumption; or
6. Other known contraindications exist.

Coverage of an air-fluidized bed is limited to the equipment itself. Payment is not included for the caregiver or for architectural adjustments such as electrical or structural improvement.

## Documentation Requirements – General

There are numerous CMS manual requirements, reasonable and necessary requirements, benefit category, and other statutory and regulatory requirements that must be met in order for payment to be justified. In the event of a claim review, a DMEPOS supplier must provide sufficient information to demonstrate that the applicable criteria have been met thus justifying payment. Refer to the LCD, NCD, or other CMS Manuals for more information on what documents may be required.

See Article A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs.


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# Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| HCPCS Code | Description |
|---|---|
| E0194 | Air fluidized bed |

| Modifier | Description |
|---|---|
| KX | Requirements specified in the medical policy have been met |

| Place of Service Code | Description |
|---|---|
| 01 | Pharmacy |
| 04 | Homeless shelter |
| 09 | Prison/Correctional Facility |
| 12 | Home |
| 13 | Assisted living facility |
| 14 | Group home |
| 16 | Temporary lodging |
| 31 | Skilled Nursing Facility |
| 32 | Nursing Facility |
| 33 | Custodial Care Facility |
| 54 | Intermediate Care Facility/Mentally Retarded |
| 55 | Residential Substance Abuse Treatment Facility |
| 56 | Psychiatric Residential Treatment Center |
| 65 | End Stage Renal Disease (ESRD) Treatment Facility |

| Diagnosis Code | Description |
|---|---|
| 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 |


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| Diagnosis Code | Description |
|---|---|
| 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 |

# Definitions

Deep Tissue Pressure Injury (DTPI): Persistent non-blanchable deep red, purple or maroon 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


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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). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

Stage I Pressure Injury: 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 II Pressure Injury: 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 open/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 III Pressure Injury: 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, then this is an Unstageable Pressure Injury.

Stage IV Pressure Injury: 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, then this is an Unstageable Pressure Injury.

Unstageable Pressure Injury: 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.

# Questions and Answers

| | | |
|---|---|---|
| 1 | Q: | Is prior authorization required? |
| | A: | Please check UnitedHealthcareOnline for current status. |

# References

## CMS National Coverage Determinations (NCDs)

NCD 280.8 Air-Fluidized Bed

Reference NCDs: NCD 280.1 Durable Medical Equipment Reference List; NCD 280.7 Hospital Beds

## CMS Local Coverage Determinations (LCDs) and Articles

| LCD | Article | Contractor | DME MAC |
|---|---|---|---|
| L33692 Pressure Reducing Support Surfaces – Group 3 | A52468 Pressure Reducing Support Surface – Group 3 – Policy Article | CGS | AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV |
| | | Noridian | AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY |


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| LCD | Article | Contractor | DME MAC |
|---|---|---|---|
| | A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs | CGS | AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV |
| | | Noridian | AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY |

### CMS Benefit Policy Manual

Chapter 15, § 110 Durable Medical Equipment – General

### CMS Claims Processing Manual

Chapter 20 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
Chapter 23 Fee Schedule Administration and Coding Requirements

### MLN Matters

Article MM8304, Detailed Written Orders and Face-to-Face Encounters
Article SE1014, Medicare Policy Regarding Pressure Reducing Support Surfaces

### UnitedHealthcare Commercial Policy

Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies, and Repairs/Replacements

### Other(s)

Coverage for Any DMEPOS Item – Noridian

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

| Date | Summary of Changes |
|---|---|
| 04/01/2021 | **Template Update**<br>• Reformatted policy; transferred content to new template |
| 06/10/2020 | **Policy Summary**<br>• Removed detailed documentation requirements<br>• Added language to indicate:<br>  ○ There are numerous CMS manual requirements, reasonable and necessary requirements, benefit category, and other statutory and regulatory requirements that must be met in order for payment to be justified<br>  ▪ In the event of a claim review, a DMEPOS supplier must provide sufficient information to demonstrate that the applicable criteria have been met thus justifying payment<br>  ▪ Refer to the Local Coverage Determination (LCD), National Coverage Determination (NCD) or other Centers for Medicare & Medicare Services (CMS) manuals for more information on what documents may be required<br>  ○ See the Local Coverage Article (LCA) titled *Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)*<br>**Applicable Codes**<br>• Removed modifiers EY, GZ, and RR<br>• Added place of service codes 31 and 32<br>**Supporting Information** |


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| Date | Summary of Changes |
|---|---|
| | • Updated *References* section to reflect the most current information<br>• Archived previous policy version MPG007.05 |

# Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

# Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.


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