

Medical Policy



Pressure Reducing Support Surfaces – Group 3

Description

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 pressure sores 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 member'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.

Policy

A pressure reducing support surface – group 3 is considered reasonable and necessary when a member meets coverage criteria.

Policy Guidelines

Medicare Member Coverage Criteria

For Medicare Members

Refer to Medicare's policy (L33692) and article (A52468) for coverage criteria.

For Non-Medicare Members

Coverage Criteria:

An air-fluidized bed is covered only if all of the following criteria are met:

1. The member has a stage 3 (full thickness tissue loss) or stage 4 (deep tissue destruction) pressure ulcer.
2. The member is bedridden, or chair bound as a result of severely limited mobility.
3. In the absence of an air-fluidized bed, the member would require institutionalization.
4. The air-fluidized bed is ordered in writing by the member's treating practitioner based upon a comprehensive assessment and evaluation of the member after

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completion of a course of conservative treatment designed to optimize conditions that promote wound healing. The evaluation generally must be performed within one month prior to initiation of therapy with the air-fluidized bed.

5. The course of conservative 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 was rendered. Conservative treatment must include:
 - a. Frequent repositioning of the member with particular attention to relief of pressure over bony prominences (usually every 2 hours); and
 - b. Use of a Group 2 support surface to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation; and
 - c. Necessary treatment to resolve any wound infection; and
 - d. Optimization of nutrition status to promote wound healing; and
 - e. Debridement by any means, including wet-to-dry gauze dressings, to remove devitalized tissue from the wound bed; and
 - f. 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:

- g. Education of the member and caregiver on the prevention and management of pressure ulcers; and
- h. Assessment by the treating practitioner, nurse, or other licensed healthcare practitioner at least weekly, and
- i. 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.

Wet-to-dry dressings when used for debridement do not require an occlusive dressing. Use of wet-to-dry dressings for wound debridement, begun during the

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period of conservative treatment and which continue beyond 30 days will not preclude coverage of an air-fluidized bed. Should additional debridement again become necessary while a beneficiary is using an air-fluidized bed (after the first 30-day course of conservative treatment) that will not cause the air-fluidized bed to be denied.

6. A trained adult caregiver is available to assist the beneficiary 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. The treating practitioner directs the home treatment regimen and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis.
8. All other alternative equipment has been considered and ruled out.

An air-fluidized bed will be denied as not reasonable and necessary under any of the following circumstances:

1. The member has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens pulmonary secretions);
2. The member 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 beneficiary 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.

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 practitioner 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

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promote healing, or (2) the use of the bed is reasonable and necessary for wound management.

If the stated coverage criteria for an air-fluidized bed are not met, the claim will be denied as not reasonable and necessary.

HCPCS Level II Codes and Description

E0194	AIR FLUIDIZED BED
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ICD-10 Codes That Support Medical Necessity

ICD-10 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
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

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ICD-10 CODE	DESCRIPTION
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

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ICD-10 CODE	DESCRIPTION
L89.93	Pressure ulcer of unspecified site, stage 3
L89.94	Pressure ulcer of unspecified site, stage 4

ICD-10 Codes That Do Not Support Medical Necessity

All ICD-10 codes that are not specified in the preceding section.

Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six-month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

KX Modifier – specific required documentation on file

EY Modifier – No treating practitioner or other health care provider order for this item or service.

1. On a monthly basis, the Member's treating practitioner must document the need for the equipment with a written statement specifying:
 - a. the size of the ulcer;
 - b. if the ulcer is not healing, what other aspects of the care plan are being modified to promote healing; and
 - c. continued use of the bed is medically necessary for wound management.

This monthly treating practitioner's statement must be kept on file by the supplier and be available for inspection upon request.

For the initial claim, suppliers must add a KX modifier to a code only if all of the criteria in this policy have been met. If the requirements for the KX modifier are not met, the KX modifier must not be used. For each subsequent month's claim use a KX modifier only if the treating practitioner's monthly certification indicates that continued use is necessary. Discontinue use of the KX modifier if the coverage criteria are not met or use is discontinued.

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The staging of pressure ulcers used in this policy is as follows (National Pressure Injury Advisory Panel, 2016 Revision):

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 (MARS), 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

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

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines. Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

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Statement of Treating Practitioner Group 3 Support Surfaces

Patient name: _____

Policy number: _____

The information below may not be completed by the DME provider or anyone in a financial relationship with the provider.

Indicate which of the following conditions describe the patient. Circle all that apply:

1. Completely immobile – i.e., patient cannot make changes in body position without assistance.
2. Limited mobility – i.e., patient cannot independently make changes in body position significant enough to alleviate pressure.
3. Any pressure ulcer on the trunk or pelvis.
4. Impaired nutritional status.
5. Fecal or urinary incontinence.
6. Altered sensory perception.
7. Compromised circulatory status.

Estimated length of need (# of months): _____ (99 = lifetime)

If none of the above apply, attach a separate sheet documenting medical necessity for the item ordered.

Practitioner name (printed or typed): _____

Practitioner signature: _____

Practitioner UPIN: _____

Date: _____

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References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; October 2015. Accessed December 6, 2022.

CGS Administrators, Inc. Jurisdiction B DME MAC, Pressure Reducing Support Surfaces – Group 3. Local Coverage Determination No. L33692; Last accessed/reviewed December 4, 2023.

Noridian Healthcare Solutions, LLC Pressure Reducing Support Surfaces – Group 3. Local Coverage Determination No. L33692. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised May 1, 2021. Last accessed/reviewed December 6, 2022.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoli	Ken Fasse	n/a	
01		Annual Review – no changes	Rosanne Brugnoli	Ken Fasse	01-2007	
02	12-2008	Added ICD-9 codes 707.23 and 707.24. Coverage Criteria #8 - Changed the requirements accepted from treating physician	Susan Glomb	Ken Fasse	n/a	
03		Annual Review / no further changes	Susan Glomb	Ken Fasse	Dec.2008	
04	01-01-09	Added: ICD-9 codes 707.23 and 707.24- Pressure ulcers, stages III and IV Added: Reference to NPUAP guidelines for pressure ulcer staging. Changed SADMERC to PDAC	Susan Glomb	Ken Fasse		
05	July 09	Updated policy according to LCD	Susan Glomb	Ken Fasse		

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06	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009	
07	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
08	02-18-11	Policy updated to reflect current changes	Susan Glomb	Ken Fasse		
09	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
10	11-10-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
11	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
12	12-3-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12	
13	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
14	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
15	12-4-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements	Susan Glomb	Dr. B. Almasri		
16	12-3-15	Annual Review. Coverage criteria updated. References updated.	Susan Glomb	Dr. B. Almasri		
17	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
18	12-18-17	Annual review. Revised: Pressure ulcer staging criteria per NPUAP 2016 Staging Consensus Conference.	Carol Dimech	Dr. C. Lerchin	December 2017	
19	12-12-18	Annual review. Medicare references updated.	Carol Dimech	Dr. C. Lerchin	December 2018	
20	12-13-19	Annual review. Added: ICD-10 codes; added notation excluding all	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019

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		unlisted diagnosis codes from coverage.				
21	12-09-20	Annual review. Per CMS, revised “physician” to “treating practitioner”; changed ICD-10 “Covered” and “Non-Covered” Codes to “ICD-10 Codes That Support Medical Necessity” and “ICD-10 Codes That Do Not Support Medical Necessity”.	Carol Dimech	Dr. C. Lerchin	December 9, 2020	December 9, 2020
22	12-7-21	Annual Review. Added NCD/LCD verbiage to “Important Note”. Name change to National Pressure Injury Advisory Panel. (from National Pressure Ulcer Advisory Panel - Effective 5/21).	Carol Dimech/Susan Glomb	Dr. C. Lerchin	December 7, 2021	May 1, 2021
23	12-6-22	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	December 6, 2022	December 2022
24	12-4-23	Annual review. No changes.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	December 4, 2023	December 4, 2023