

**Policy terminated because coverage is provided under
NCHC Durable Medical Equipment and Supplies**

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1.0 Description of the Procedure, Product, 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 recipient. When the recipient 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.

1.1 The Staging of Pressure Ulcers

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

- a. **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.
- b. **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.
- c. **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.
- d. **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.

1.2 Medical Term Definitions

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

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

Note: Most children will be able to get all the services they need under the core (basic) plan of NC Health Choice. A child who qualifies as having special needs may be able to receive additional services not covered by the core plan.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

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 recipients. ALL of the following conditions must be met:

- a. The recipient is bedridden or unable to fully or partially ambulate/walk (e.g., para or quadriplegic);
- b. The recipient has stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure sore. Refer to **Subsection 1.1** for staging of pressure ulcers.
- c. The recipient 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;
- d. The recipient would require institutionalization in the absence of an air fluidized bed;
- e. The recipient has a trained adult caregiver available to assist the recipient 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;
- f. A physician directs the home treatment regimen and reevaluates and recertifies the need for the air fluidized bed on a monthly basis; **AND**
- g. A full assessment of the home environment demonstrates its capability to handle such a device. The home is structurally sound enough to support the weight of the air fluidized system (1600 pounds or more). The home electrical system, home ventilation and air conditioning are sufficient for the anticipated increase in energy consumption and heat production.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

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

- a. The recipient requires treatment with wet soaks or has moist wound dressings that are not protected with an impervious covering such as plastic wrap; or
- b. The caregiver is unable to provide the type of care required by the recipient on an air fluidized bed; or
- c. Structural support is inadequate to support the weight of the air fluidized system; or
- d. The home electrical system, home ventilation and air conditioning are insufficient for the anticipated increase in energy consumption and heat production.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior Approval is required for Air Fluidized Beds.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.
<u>October 31, 2011</u>	<u>Throughout</u>	<u>Coverage for this policy is provided by NCHC policy 2011.09, Medical Equipment and Supplies.</u>

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

HCPCS Code
E0194

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Home

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.