



**AIR FLUIDIZED BEDS  
(CLINITRON BED)  
HS-117**



*Harmony Behavioral Health, Inc.*

*Harmony Behavioral Health of Florida, Inc.*

*Harmony Health Plan of Illinois, Inc.*

*HealthEase of Florida, Inc.*

*'Ohana Health Plan, a plan offered by  
WellCare Health Insurance of Arizona, Inc.*

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*WellCare of Texas, Inc.*

*WellCare Prescription Insurance, Inc.*

**Air Fluidized Beds  
(Clinitron Bed)**

**Policy Number: HS-117**

**Original Effective Date: 7/16/2009**

**Revised Date(s): 7/28/2010; 8/2/2011**

**DISCLAIMER**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

## BACKGROUND

### *Pressure Ulcer Stages*

**Suspected Deep Tissue Injury:** Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

**Stage I:** Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate "at risk" persons (a heralding sign of risk).

**Stage II:** Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising. \*This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation. (NOTE: Bruising indicates suspected deep tissue injury)

**Stage III:** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. The depth of a stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

**Stage IV:** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling. The depth of a stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.

**Unstageable:** Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed.

## POSITION STATEMENT

**Home use of an air-fluidized bed is considered medically necessary if ALL of the following criteria are met:**

- The member has a Stage 3 (707.23 full thickness tissue loss) or Stage 4 (707.24 deep tissue destruction) pressure sore; **AND,**
- The member is bedridden or chair bound as a result of severely limited mobility; **AND,**
- In the absence of an air-fluidized bed, the member would require institutionalization; **AND,**

- The air-fluidized bed is ordered in writing by the member's attending physician based upon a comprehensive assessment and evaluation of the member after completion of a course of conservative treatment designed to optimize conditions that promote wound healing\*; **AND**,

NOTE: 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.

- A trained adult caregiver is available to assist the member 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); **AND**,
- A physician must direct the home treatment regimen, and reevaluate and recertifies the need for the air-fluidized bed on a monthly basis; **AND**,
- All other alternative equipment has been considered and ruled out

NOTE: 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 the air-fluidized bed. Should additional debridement again become necessary, while a member 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.

**\*Conservative treatment MUST include:**

- Frequent repositioning of the member with particular attention to relief of pressure only bony prominences (usually every 2 hours); **AND**,
- Use of a specialized support surface (Group II) designed to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation; **AND**,
- Necessary treatment to resolve any wound infection; **AND**,
- Optimization of nutrition status to promote wound healing; **AND**,
- 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.

**Home use of the air-fluidized bed is NOT covered under ANY of the following circumstances:**

- The member has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens pulmonary secretions); **OR**,
- 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; **OR**,
- The caregiver is unwilling or unable to provide the type of care required by the member on an air-fluidized bed; **OR**,
- Structural support is inadequate to support the weight of the air-fluidized bed system (it generally weighs 1600 pounds or more); **OR**,
- Electrical system is insufficient for the anticipated increase in energy consumption; **OR**,
- Other known contraindications exist.

## **CODING**

**CPT®\* code** - No applicable codes

**ICD-9 Procedure Code** - No applicable codes

### **Covered HCPCS Codes**

**E0194** Air Fluidized bed

### **Covered ICD-9 Diagnosis Codes**

**707.23** Pressure ulcer stage III

**707.24** Pressure ulcer stage IV

\*Current Procedural Terminology (CPT®) ©2010 American Medical Association: Chicago, IL.

## **REFERENCES**

### **Peer Reviewed**

N/A

### **Government Agencies, Professional and Medical Organizations**

1. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination for Air-Fluidized Bed (280.8). Effective Date: November 1, 2000

## **HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
12/1/2011	<ul style="list-style-type: none"><li>• New template design approved by MPC.</li></ul>
8/2/2011	<ul style="list-style-type: none"><li>• Approved by MPC. No changes.</li></ul>