Policy References: Local Coverage Determination Pressure Reducing Support Surfaces - Group 3 (L33692) and Policy Article (A52468)

Documentation References: Standard Documentation Requirements Policy Article (PA) A55426

The treating clinician must complete the following items:
- Conduct and document a Face-to-Face Evaluation (FTF)
- Complete a 5 Element Order (5EO)
- Sign and date a Detailed Written Order (DWO)
- Medical record documentation requirements (see below)

Medical Documentation

Initial coverage of an air fluidized bed is covered only if all the following are met:
- Beneficiary has stage III or stage IV pressure ulcer. Please refer to LCD related Policy Article for ICD-10 codes.
- Beneficiary is bed ridden or chair bound as a result of severely limited mobility.
- In the absence of an air-fluidized bed, beneficiary would require institutionalization.
- The treating clinician performs a comprehensive assessment and evaluation of the beneficiary after completion of course of conservative treatment designed to optimize conditions that promote healing. The evaluation must be performed within one month prior to initiation of therapy with the air-fluidized bed.
- The patient has completed one month of conservative treatment without progression toward wound healing, and treatment must include all of the following:
  - Frequent repositioning with particular attention to relief of pressure over bony prominences (usually every two hours)
  - Use of a Group 2 support surface 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 to remove devitalized tissue from wound bed
  - Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings protected by an occlusive dressing while the wound heals
A trained adult caregiver is available to assist 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 clinician 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.