

Pressure Reducing Support Surfaces-Group 3

Group 3 support surfaces are complete bed systems, known as air fluidized beds, which use the circulation of filtered air through silicone beads. A Group 3 support surface is covered only if all of the following criteria are met:

1. The beneficiary has a stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure ulcer.
2. The beneficiary is bedridden or chair bound as a result of severely limited mobility.
3. In the absence of an air-fluidized bed, the beneficiary would require institutionalization.
4. The air-fluidized bed is ordered in writing by the beneficiary's attending physician based upon a comprehensive assessment and evaluation of the beneficiary after completion of a course of conservative treatment designed to optimize conditions that promote wound healing. The evaluation must be performed within one month 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 beneficiary 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 beneficiary and caregiver on the prevention and management of pressure ulcers; and
 - h. Assessment by a physician, nurse, or other licensed healthcare practitioner at least weekly, and
 - i. Appropriate management of moisture/incontinence.
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. A physician 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.

Coverage and Payment Policy

This service requires prior authorization. The physician must document that the beneficiary has met all of the criteria above. An air-fluidized bed will be denied under any of the following circumstances;

1. The beneficiary has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens pulmonary secretions);
2. The beneficiary 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 (if generally weighs 1600 pounds or more);
5. Electrical system is insufficient for the anticipated increase in energy consumption; or
6. Other known contraindications exist.

The continued coverage of an air- fluidized bed must be documented by the treating physician 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 promote healing, or (2) the use of the bed is reasonable and necessary for wound management.

Approved by:  Associate Medical Director
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