

**References: L33692, A52468**

### **HCPCS Code E0194**

- Face -to-Face Examination (F2F)
  - Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
- Written Order Prior to Delivery (WOPD)
  - Date stamp indicating supplier's date of receipt for WOPD on or before date of delivery
- Beneficiary Authorization
- Proof of Delivery (POD)
  - Method 1 - Direct Delivery to the Beneficiary by the Supplier  
**The date the beneficiary/designee signs for the equipment is to be the date of service of the claim.**
  - Method 2 - Delivery via Shipping or Delivery Service  
**The shipping date is to be the date of service of the claim.**
- Continued Need
- Continued Use

### **Medical Records**

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

- Beneficiary has stage III or stage IV pressure ulcer (Refer to LCD for ICD codes); **and**
- Beneficiary is bedridden or chair bound as a result of severely limited mobility; **and**
- In the absence of an air-fluidized bed, beneficiary would require institutionalization; **and**
- Attending physician writes an order for the bed based on assessment and evaluation of the beneficiary after completion of course of conservative treatment designed to optimize conditions that promote healing
  - Evaluation must be performed within one month prior to initiation of therapy with the air-fluidized bed; **and**
- Patient treated conservatively for at least one month without progression toward wound healing and must include:
  - Frequent repositioning with particular attention to relief of pressure over bony prominences (usually every two hours); **and**
  - Use of Group 2 support surface to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation; **and**

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- Necessary treatment to resolve any wound infection; **and**
- Optimization of nutrition status to promote wound healing; **and**
- Debridement by any means to remove devitalized tissue from wound bed; **and**
- Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings while wound heals.
- Conservative treatment should also generally include:
  - Education of patient and caregiver on prevention and management of pressure ulcers; **and**
  - Assessment by a medical professional at least weekly; **and**
  - Appropriate management of moisture/incontinence.
- 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; **and**
- Physician directs the home treatment regimen, and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis; **and**
- All other alternative equipment has been considered and ruled out.

### **Continued Coverage of Air-Fluidized Bed**

- Physician must document medical necessity every month with a written statement specifying:
  - Size of ulcer
  - Healing status of ulcer
    - If not healing, what is being changed to promote healing?
  - Continued use of the bed is medically necessary for wound management.
- Physician monthly statement must be kept on file by the supplier and be available upon request.

### **Billing Reminders**

- The KX modifier must be added to code E0194 on the initial claim only if all the coverage criteria noted above have been met and evidence is retained in the supplier's file and is available upon request.
- For each subsequent month's claim, the KX modifier is added only if the physician's monthly certification indicates continued use is medically necessary.
- In all situations describing the KX modifier, if the coverage criteria have not been met and there is an expectation of a denial as not reasonable and necessary, the GA modifier must be added to the code if a valid Advance Beneficiary Notice of Noncoverage (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- The appropriate ICD code must be added to all claims for group 3 support surfaces.

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