Medicare Coverage Issues Manual

Department of Health and Human Services (DHHS)
HEALTH CARE FINANCING ADMINISTRATION (HCFA)

Transmittal 128 **Date: OCTOBER 12, 2000**

CHANGE REQUEST 1294

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
60-19 – 60-22 (Cont.)	4 pp.	3 pp.

NEW/REVISED MATERIAL--*EFFECTIVE DATE: November 1, 2000*
IMPLEMENTATION DATE: November 1, 2000

Section 60-19, Air-Fluidized Beds (AFBs), is revised to define what is meant by conservative treatment that must be tried before a patient can qualify for coverage of an air-fluidized bed.

Durable Medical Equipment Regional Carriers (DMERCs) should publish this information in their next regularly scheduled bulletin.

These instructions should be implemented within your current operating budget

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condition, e.g., cardiac disease, chronic obstructive pulmonary disease, quadriplegia or paraplegia, and also the severity and frequency of the symptoms of the condition, that necessitates a hospital bed for positioning.

If the stated reason for requiring a hospital bed is the patient's condition requires special attachments, the prescription must describe the patient's condition and specify the attachments that require a hospital bed.

C. Variable Height Feature.--In well documented cases, the contractors' medical staffs may determine that a variable height feature of a hospital bed, approved for coverage under subsection A above, is medically necessary and, therefore, covered, for one of the following conditions:

- Severe arthritis and other injuries to lower extremities; e.g., fractured hip. The condition requires the variable height feature to assist the patient to ambulate by enabling the patient to place his or her feet on the floor while sitting on the edge of the bed;

- Severe cardiac conditions. For those cardiac patients who are able to leave bed, but who must avoid the strain of "jumping" up or down;

- Spinal cord injuries, including quadriplegic and paraplegic patients, multiple limb amputee and stroke patients. For those patients who are able to transfer from bed to a wheelchair, with or without help; or

- Other severely debilitating diseases and conditions, if the variable height feature is required to assist the patient to ambulate.

D. Electric Powered Hospital Bed Adjustments.--Electric powered adjustments to lower and raise head and foot may be covered when the contractor's medical staff determines that the patient's condition requires frequent change in body position and/or there may be an immediate need for a change in body position (i.e., no delay can be tolerated) and the patient can operate the controls and cause the adjustments. Exceptions may be made to this last requirement in cases of spinal cord injury and brain damaged patients.

E. Side Rails.--If the patient's condition requires bed side rails, they can be covered when an integral part of, or an accessory to, a hospital bed.

Cross refer: Carriers Manual, §5015.4

60-19. AIR-FLUIDIZED BED (Effective for services rendered on or after: 07/30/90)

An air-fluidized bed uses warm air under pressure to set small ceramic beads in motion which simulate the movement of fluid. When the patient is placed in the bed, his body weight is evenly distributed over a large surface area which creates a sensation of "floating." Medicare payment for home use of the air-fluidized bed for treatment of pressure sores can be made if such use is reasonable and necessary for the individual patient.

A decision that use of an air-fluidized bed is reasonable and necessary requires that:

o The patient has a stage 3 (full thickness tissue loss) or stage 4 (deep tissue destruction) pressure sore;

o The patient is bedridden or chair bound as a result of severely limited mobility;

o In the absence of an air-fluidized bed, the patient would require institutionalization;

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

o 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 air-fluidized bed. Should additional debridement again become necessary, while a patient 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.

o Conservative treatment must include:

- Frequent repositioning of the patient with particular attention to relief of pressure over bony prominences (usually every 2 hours);

- Use of a specialized support surface (Group II) designed 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 (including wet to dry dressings-which does not require an occulsive covering) to remove devitalized tissue from the wound bed;

- Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings protected by an occlusive covering, while the wound heals.

o A trained adult caregiver is available to assist the 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;

o A physician directs the home treatment regimen, and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis; and

o All other alternative equipment has been considered and ruled out.

Home use of the air-fluidized bed is not covered under any of the following circumstances:

o The patient has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens pulmonary secretions);

o The patient 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;

o The caregiver is unwilling or unable to provide the type of care required by the patient on an air-fluidized bed;

o Structural support is inadequate to support the weight of the air-fluidized bed system (it generally weighs 1600 pounds or more);

o Electrical system is insufficient for the anticipated increase in energy consumption; or

o Other known contraindications exist.

Coverage of an air-fluidized bed is limited to the equipment itself. Payment for this covered item may only be made if the written order from the attending physician is furnished to the supplier prior to the delivery of the equipment. Payment is not included for the caregiver or for architectural adjustments such as electrical or structural improvement.
Cross refer: Carriers Manual, §5102.2.

60-20 TRANSCUTANEOUS ELECTRIC AL NERVE STIMULATORS (TENS)

TENS is a type of electrical nerve stimulator that is employed to treat chronic intractable pain. This stimulator is attached to the surface of the patient's skin over the peripheral nerve to be stimulated. It may be applied in a variety of settings (in the patient's home, a physician's office, or in an outpatient clinic). Payment for TENS may be made under the durable medical equipment benefit. (See §45-25 for an explanation of coverage of medically necessary supplies for the effective use of TENS and §45-19 for an explanation of coverage of TENS for acute post-operative pain.)

60-21 INTRAPULMONARY PERCUSSIVE VENTILATOR (IPV) - NOT COVERED

IPV is a mechanized form of chest physical therapy. Instead of a therapist clapping or slapping the patient’s chest wall, the IPV delivers mini-bursts (more than 200 per minute) of respiratory gasses to the lungs via a mouthpiece. Its intended purpose is to mobilize endobronchial secretions and diffuse patchy atelectasis. The patient controls variables such as inspiratory time, peak pressure and delivery rates.

Studies do not demonstrate any advantage of IPV over that achieved with good pulmonary care in the hospital environment and there are no studies in the home setting. There are no data to support the effectiveness of the device. Therefore, IPV in the home setting is not covered.

60-22 VAGUS NERVE STIMULATION FOR TREATMENT OF SEIZURES

In the past 10 years, there have been significant advances in surgical treatment for epilepsy and in medical treatment of epilepsy with newly developed and approved medications. Despite these advances, 25-50 percent of patients with epilepsy experience breakthrough seizures or suffer from debilitating adverse effects of antiepileptic drugs.

The vagus nerve is a mixed nerve carrying both somatic and visceral afferent and efferent signals. The majority of vagal nerve fibers are visceral afferents with wide distribution. The basic premise of vagus nerve stimulation in the treatment of epilepsy is that vagal visceral afferents have a diffuse central nervous system projection and the activation of these pathways has a widespread effect upon neuronal excitability. Besides activation of well-defined reflexes, vagal stimulation produces evoked potentials recorded from the cerebral cortex, the hippocampus, the thalamus, and the cerebellum.

The vagus nerve stimulation system is comprised of an implantable pulse generator and lead and an external programming system used to change stimulation settings. Clinical evidence has shown that vagus nerve stimulation is safe and effective treatment for patients with medically refractory partial onset seizures, for whom surgery is not recommended or for whom surgery has failed. Vagus nerve stimulation is not covered for patients with other types of seizure disorders which are medically refractory and for whom surgery is not recommended or for whom surgery has failed.

A partial onset seizure has a focal onset in one area of the brain and may or may not involve a loss of motor control or alteration of consciousness. Partial onset seizures may be simple, complex, or complex partial seizures, secondarily generalized.

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