MEDICAL POLICY STATEMENT
D-SNP

Policy Name & Number	Date Effective
Hospital Safety Beds-DSNP-MM-1454	02/01/2024-07/31/2024
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):	
☒ **Georgia**	☒ **Ohio**

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A. Subject

Hospital Safety Beds

B. Background

Healthy sleep requires adequate duration, appropriate timing, good quality, regularity, and the absence of sleep disturbances. The American Academy of Sleep Medicine has issued recommendations for sleep needs by age. An individual's bedtime environment is an important consideration, with factors, such as the bed and mattress, affecting the quality and duration of their sleep.

A safety bed is an enclosed bed, typically fitted with a mesh canopy, padded walls, and/or a specially designed mattress. A provider may require hospital safety beds for individuals with a variety of health problems, such as epilepsy, intracranial injury, or hydrocephalus or for an individual with behavioral health problems, such as intellectual disabilities or autistic spectrum disorders. The use of these beds increases patient safety by eliminating falls, preventing injuries, wandering, and allowing for easier repositioning and turning. Ongoing individual evaluation and monitoring is recommended for appropriate use and prescribing.

C. Definitions

- **Crib Canopy** - A cover that attaches to the top of a crib that prevents a toddler from climbing out of the crib or, in some cases, pets from climbing into the crib.
- **Hospital Bed** - A bed used for individuals that can be adjusted to raise the head end, foot end, or middle, as required. The overall bed height is also adjustable.
- **Hospital Safety Bed** - A hospital bed to prevent individuals from leaving a bed at night without supervision, preventing injuries, falls, and wandering, and can be called institutional, adaptive, enclosed canopy, or special needs beds.
- **Standard Bed** - A fixed height bed that is typically sold as furniture and consists of a frame, box spring, and mattress.

D. Policy

I. CareSource considers a hospital safety bed medically necessary when ANY of the following criteria is met for a medical or behavioral health condition:
   A. Special attachments and/or use of medical equipment are required due to the member's medical condition in ways not feasible in an ordinary bed, such as but not limited to IV pole, trachea tubing, and ventilator tubing.
   B. Positioning of the member's body is required in ways not feasible in an ordinary bed.
   C. Gaps and openings are reduced to avoid the likelihood of the member becoming stuck in the frame or between the mattress and frame.
   D. Members who have behavioral issues, such as aggression, impulsivity, noncompliance, and/or elopement behaviors, for which door and/or bed alarms will not meet their safety needs may require a hospital safety bed that prevents them from leaving the bed at night without supervision.

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II. Medical documentation must show that the member meets the above criteria, and that the hospital safety bed is for the benefit of the member and not for any caregiver, family member, or provider.

III. The hospital safety bed must be the lowest cost alternative that addresses the member's health condition.

IV. Any bed that is not a standard hospital bed, a pediatric hospital safety bed, or a hospital safety bed with medically necessary accessories (eg, padding and positioning wedges) is considered furniture (non-medical equipment).

E. State-Specific Information
N/A

F. Conditions of Coverage
N/A

G. Related Policies/Rules
Medical Necessity Determinations

H. Review/Revision History

	DATE	ACTION
Date Issued	03/01/2023	New policy.
Date Revised	11/08/2023	Annual review. Coverage language refined. Approved at committee.
Date Effective	02/01/2024	
Date Archived	07/31/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

I. References
1. Caggiari G, Talesa GR, Toro G, et al. What type of mattress should be chosen to avoid back pain and improve sleep quality? review of the literature. *J Orthop Traumatol*. 2021;22(1):51. doi:10.1186/s10195-021-00616-5
2. DeGeorge KC, Neltner CE, Neltner BT. Prevention of unintentional childhood injury. *Am Fam Physician*. 2020;102(7):411-417. PMID: 32996759
3. *LCD - Hospital Beds and Accessories (L33820)*. Medicare Coverage Database; 2020. Revised January 1, 2020. Accessed October 5, 2023. www.cms.gov
4. Paruthi S, Brooks LJ, D'Ambrosio C, et al. Recommended amount of sleep for pediatric populations: a consensus statement of the American Academy of Sleep Medicine. *J Clin Sleep Med*. 2016;2(6):785-786.
5. Services and Supplies Never Covered, OHIO ADMIN. CODE 4123-6-07 (2021).
6. Sherburne E, Snethen JA, Kelber S. Safety profile of children in an enclosure bed. *Clin Nurse Spec*. 2017;31(1):36-44. doi:10.1097/NUR.0000000000000261

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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Independent medical review – 2/15/2023

Archived

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.