

MEDICAL POLICY STATEMENT

Michigan Marketplace

Policy Name & Number	Date Effective
Safety Beds-MI MP-MM-1658	12/01/2025
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.

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A. Subject
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 safety bed may be necessary to ensure the safety of an individual with a variety of medical or behavioral health diagnoses (eg, epilepsy, intracranial injury, hydrocephalus, intellectual disabilities, and autistic spectrum disorders). The use of these beds increases patient safety by eliminating falls, preventing injuries and wandering when the patient should be sleeping. 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.
- **Safety Bed** – A bed to prevent individuals from leaving a bed at night without supervision, preventing injuries, falls, and wandering, and can be called institutional, adaptive, enclosure bed, enclosed bed system, 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. HAP CareSource considers a safety bed medically necessary when **ALL** the following criteria are met:
 - A. Member has a behavioral health or medical diagnosis that may lead to safety concerns.
 - B. Member requires a safety bed that prevents the member from leaving the bed at night without a supervisor.
 - C. There should be regular, periodic face-to-face (in-person) monitoring while the member is in the safety bed.
 - D. An in-home assessment has been conducted to ensure that less restrictive measures have been tried and are in place.
 - E. The safety bed is to be used for sleep and short naps and not to be used as a restraint, for playtime, discipline, or as part of a behavior modification program.

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

- F. Documentation submitted to HAP CareSource for review must show that the member meets the above criteria and:
1. Bed alarms, door alarms, standard rail padding, bed rails, bed on the floor, video/audio monitors, removal of safety hazards from the member's room, child protection devices (eg, locks, furniture anchors), treatment plan with calming and sleep failed to meet the safety and medical needs of the member.
 2. The safety bed is for the benefit of the member and not for any caregiver, family member, or provider.
 3. The provider order for the safety bed includes:
 - a. medical necessity for the safety bed
 - b. plan for transitioning away from the safety bed
 4. The person-centered service plan is retained and updated.
 - a. Includes a safety bed monitoring plan:
 01. defined duration of safety bed use
 02. time intervals member will be monitored while inside the safety bed
 03. how member's personal care needs will be met during safety bed use
 04. how medical conditions will be managed during safety bed use
 05. safety concerns of potential entrapment and endangerment or injury
 - b. Includes a mental health management plan with member-specific medical/clinical interventions that have been tried to mitigate behaviors, improve quality of sleep and safety when sleeping
 5. The invoice for the safety bed is retained and submitted along with the prior authorization and reimbursement requests.
- G. The safety bed must be the lowest cost alternative that addresses the member's health condition.

II. HAP CareSource considers technology addons as non-medical in nature and therefore not medically necessary.

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

DATE		ACTION
Date Issued	07/17/2024	New policy. Approved at Committee.
Date Revised	09/10/2025	Review: added documentation requirements, in-home assessment, and clarification of use. Changed physician to provider where applicable. Approved at Committee.
Date Effective	12/01/2025	

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Date Archived		
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H. 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. Accessed June 3, 2024. www.aafp.org
3. 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. doi:10.5664/jcsm.5866
4. 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

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