



# MEDICAL POLICY STATEMENT

## Georgia Medicaid

Policy Name & Number	Date Effective
Safety Beds-GA MCD-MM-1456	09/01/2024
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.

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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 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 safety beds for individuals with a variety of medical or behavioral health diagnoses, such as epilepsy, intracranial injury, hydrocephalus, intellectual disabilities, and autistic spectrum disorders. The use of these beds increases patient safety by eliminating falls, preventing injuries, and reducing wandering. In addition, safety beds might assist with treatments for other symptoms, such as aggression, impulsivity, noncompliance, or elopement behaviors. 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 the bed at night without supervision, preventing injuries, falls, and wandering, and can be institutional, adaptive, 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. 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 supervision.
  - C. There should be regular, periodic face-to-face (in-person) monitoring while the member is in the safety bed.
  - D. The safety bed should not be used as a restraint.
  - E. Documentation includes all the following:
    1. Bed alarms, door alarms, and standard rail padding 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.

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

E. Conditions of Coverage  
N/A

F. Related Policies/Rules  
Medical Necessity Determinations

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	03/01/2023	New policy
<b>Date Revised</b>	11/08/2023	Annual review. Coverage language refined. Approved at committee.
	05/08/2024	Annual review: adjusted title, revised background and definitions, condensed coverage criteria, removed sections D.I. and D.IV., and updated references. Approved at Committee.
<b>Date Effective</b>	09/01/2024	
<b>Date Archived</b>		

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 April 17, 2024. www.aafp.org
3. *Policies and Procedures for Durable Medical Equipment Services, Part II.* Georgia Dept of Community Health. Revised April 1, 2024. Accessed April 26, 2024. www.mmis.georgia.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. doi:10.5664/jcsm.5866

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