



MEDICAL POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Safety Beds-GA MCD-MM-1456	04/01/2025-01/31/2026
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 safety bed may be necessary to ensure the safety of an individual with a variety of medical or behavioral health diagnoses, such as epilepsy, intracranial injury, hydrocephalus, intellectual disabilities, and autistic spectrum disorder. The use of these beds increases patient safety by eliminating falls and preventing injuries and 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, net bed, 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. A safety bed is required to prevent the member from leaving the bed at night without a supervisor.
 - C. There should be regular, periodic, and face-to-face (in-person) monitoring while the member is in the safety bed.
 - D. The safety bed is not used as a restraint.
 - E. The safety bed is the lowest cost alternative that addresses the member's health condition.
 - F. The member is mobile and at risk of entanglement in a standard hospital bed or traveling outside of the home.
 - G. The least costly alternatives have been tried and failed.

- H. The request is not based on physical or environmental issues, such as hunger, thirst, pain, restlessness, use of restroom, changes in caregivers or routines, etc.
- I. For members with severe behavioral disorders, there is a plan for behavioral management.
- J. Documentation submitted to CareSource for review must show that the member meets the above criteria, and:
 - 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.
 - 3. The physician order for the safety bed is included.
 - 4. The person-centered service plan is retained and updated.
 - 5. The invoice for the safety bed is retained and submitted along with the prior authorization and reimbursement requests.

E. Conditions of Coverage
N/A

F. Related Policies/Rules
Medical Necessity Determinations

G. 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.
	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.
	11/06/2024	Annual review: updated background and added documentation requirements.
Date Effective	04/01/2025	
Date Archived	01/31/2026	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.

H. References

- 6. 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
- 7. DeGeorge KC, Neltner CE, Neltner BT. Prevention of unintentional childhood injury. *Am Fam Physician.* 2020;102(7):411-417. Accessed October 25, 2024. www.aafp.org
- 8. *Policies and Procedures for Durable Medical Equipment Services, Part II.* Georgia

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

Dept of Community Health. Revised October 1, 2024. Accessed October 28, 2024.
www.mmis.georgia.gov

9. 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
10. 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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