



# MEDICAL POLICY STATEMENT

## Georgia Medicaid

| Policy Name & Number       | Date Effective |
|----------------------------|----------------|
| Safety Beds-GA MCD-MM-1456 | 02/01/2026     |
| 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, (eg, epilepsy, intracranial injury, hydrocephalus, intellectual disabilities, autistic spectrum disorder). The use of these beds increases patient safety by eliminating falls and 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.
- **Physical Therapy (PT)** – Exercises, massages, and other treatments generally under the supervision of a trained provider based on physical stimuli (eg, heat, cold, electrical currents, ultrasound) to relieve pain, improve mobility, strengthen weakened muscles, and often includes an educational component showing the patient how they can improve their own health. Also known as physiotherapy.
- **Occupational Therapy (OT)** – Service that promotes quality of life through participation in meaningful occupations. OT practitioners are skilled in physical and psychological evaluation with a focus on psychological wellbeing.
- **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. The provider treating the specific condition must have a face-to-face encounter with the member and order the safety bed within 10 months of the encounter.

- B. The safety bed has been approved by the FDA and otherwise considered to be safe and effective for in-home use to treat the condition for which it is prescribed.
- C. Member requires a safety bed that prevents the member from leaving the bed at night without a supervisor.
- D. There should be regular, periodic, and face-to-face (in-person) monitoring while the member is in the safety bed.
- E. An in-home assessment has been conducted to ensure that less restrictive measures have been tried and are in place.
- F. The safety bed is to be used for sleep and short naps and not to be used as a restraint, for playtime, for discipline, or as part of a behavior modification program.
- G. The member is mobile and at risk of entanglement in a standard hospital bed or traveling outside of the home.
- 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, standard rail padding, bed rails, bed on the floor, video/audio monitors, removal of safety hazards from the member's room (eg, small ingestible items, items that can fall on the child or they can climb and jump off of including unsecured dressers, bookcases, TVs, etc.), child protection devices (eg, locks outside of the reach of the child, alarms, gates, furniture anchors, etc.), treatment plan to help with calming and sleep failed to meet the 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 is included and has a monitoring plan describing:
    - a. medical necessity for the safety bed
    - b. plan for transitioning away from the safety bed
    - c. when the bed will be used
    - d. how member will be monitored
    - e. how member's needs will be met while in the safety bed
    - f. how medical conditions will be managed while bed in use
  - 4. PT/OT evaluation that specifically outlines safety, cognitive, behavioral, and boundary concerns underlying the need for the safety bed. The evaluation should also include how the safety bed was chosen over other options.
  - 5. The person-centered service plan is retained and updated.
    - a. 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
    - b. Includes emergency preparedness plan to ensure the safety of the member in case of emergency (eg, natural disaster) as the member is not able to exit the enclosure independently

6. The invoice with signed/dated proof of delivery for the safety bed is retained and submitted along with the prior authorization and reimbursement requests.
  - L. The safety bed is the lowest cost alternative that addresses the member's health condition.
- II. CareSource considers technology addons as non-medical in nature and therefore not medically necessary.
- III. Limitations
- A. Safety beds are not covered for use as infant cribs or as a convenience item.
  - B. Safety beds are not covered for members over 21 years of age.
  - C. Safety beds submitted under a miscellaneous code are not covered.
  - D. Safety beds may only be replaced once per 3 years with evidence that the member has grown significantly.
- 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. |
|                       | 11/06/2024 | Annual review: updated background and added documentation requirements.   |
|                       | 10/08/2025 | Annual review. Added documentation requirements, in-home assessment, and clarification of use. Updated D.I. and references. Added D. II and III. Approved at Committee.         |
| <b>Date Effective</b> | 02/01/2026 |   |
| <b>Date Archived</b>  |            |   |

#### H. References

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