



# MEDICAL POLICY STATEMENT

## Nevada Medicaid

Policy Name & Number	Date Effective
Safety Beds-NV MCD-MM-1785	07/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract, then the plan contract 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

A safety bed is an enclosed bed, typically fitted with a mesh canopy, padded walls, and/or a specially designed mattress. The State of Nevada Medicaid has determined that safety beds are not a covered benefit.

## 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, 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. Safety beds are not a covered benefit. However, according to Early Periodic Screening, Diagnosis and Treatment (EPSDT) program requirements, requests for safety beds for members under the age of 21 will be reviewed individually to determine if the request is medically necessary.
- II. For members under 21, 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. The safety bed is not used as a restraint.
  - D. The safety bed is the lowest cost alternative that addresses the member's health condition.
  - E. 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.

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

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, including
  - a. 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
    06. periodic face-to-face (in-person) monitoring while the member is in the safety bed.
  - b. 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
  - c. 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
5. The invoice for the safety bed is retained and submitted along with the prior authorization and reimbursement requests.

IV. CareSource considers technology add-ons and nontechnology accessories as non-medical in nature and, therefore, not medically necessary.

E. Conditions of Coverage

NA

F. Related Policies/Rules

Medical Necessity Determinations

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	03/11/2026	New policy. Approved at Committee.
<b>Date Revised</b>		
<b>Date Effective</b>	07/01/2026	
<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

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

2. DeGeorge KC, Neltner CE, Neltner BT. Prevention of unintentional childhood injury. *Am Fam Physician*. 2020;102(7):411-417. Accessed February 16, 2026. [www.aafp.org](http://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

*Independent medical review – 2/15/2023*

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