



MEDICAL POLICY STATEMENT

Nevada Medicaid

Policy Name & Number	Date Effective
Safety Beds-NV MCD-MM-1785	10/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) 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 and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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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, typically enclosed, that prevents individuals from leaving the bed at night without assistance or supervision with the intention of preventing injuries, falls, and wandering.
- **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 if they were to exit a standard bed without supervision or assistance.
 - 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, for playtime, for discipline, or as part of a behavior modification program.
 - D. The safety bed is the lowest cost option that addresses the member's unique and individual clinical needs.
 - E. Documentation submitted to CareSource must reflect that the member meets the above criteria and **ALL** of the following:
 1. The prior treatment plan, including the use of bed alarms, door alarms, standard rail padding, bed rails, bed on the floor, and/or video/audio monitors; the 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) and use of child protection devices (eg, locks outside of the reach of the child, alarms, gates, furniture anchors), all failed to meet the safety needs of the member.

2. The safety bed is for the benefit of the member and not provided for the ease of convenience of the caregiver, family member, or provider and would not take the place of supervision.
3. The provider order for the safety bed includes
 - a. evidence of medical necessity for the safety bed
 - b. plan for future transition of the member away from the safety bed to a standard bed
4. The member-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 using the safety bed
 03. how the member's personal care needs will be met during safety bed use
 04. how medical conditions will be managed during safety bed use
 05. how safety concerns including the potential for entrapment, endangerment, or injury will be addressed
 06. routine, periodic, and face-to-face (in-person) monitoring by a caregiver while the member is in the safety bed.
 - b. includes a mental health management plan with member-specific medical/clinical interventions that have been previously implemented to mitigate behaviors, improve quality of sleep, and provide a safe environment for sleeping
 - c. includes emergency preparedness plan to ensure the safety of the member in case of an emergency (eg, natural disaster) as the member would not be able to exit the safety bed without assistance
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 non-technology accessories 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
Date Issued	03/11/2026	New policy. Approved at Committee.
Date Revised	07/15/2026	Annual review. Revised background, updated definitions, and modified policy language for clarity. Approved at Committee.
Date Effective	10/01/2026	
Date Archived		

H. References

1. Center for Evidence-based Policy. Medicaid Evidence-Based Decisions Project: Medicaid Coverage of Enclosed Beds. *MED DME Workgroup Tool*; 2024. Accessed June 3, 2026. www.centerforevidencebasedpolicy.org
2. 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