CareSource

MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Safety Beds-MP-MM-1458	GA, IN, KY, WV: 06/01/2023-01/31/2024 OH: 07/01/2023-01/31/2024
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.

☒ **Georgia**	☒ **Indiana**	☒ **Kentucky**	☒ **Ohio**	☒ **West Virginia**

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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.

A specialty bed is an enclosed bed, typically fitted with a mesh canopy, padded walls, and/or a specially designed mattress. A provider may require a safety bed for an individual with a variety of physical health problems, such as epilepsy, intracranial injury, or hydrocephalus or for an individual with behavioral health problems, such as intellectual deficiencies or autistic spectrum disorders. The use of these beds increases the individual's safety by eliminating falls, additional injuries, wandering or allowing for repositioning and turning more easily. 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 hospital bed to prevent individuals from leaving a bed at night without supervision, preventing injuries, falls, and wandering, and can be called institutional, adaptive, enclosed canopy, special needs beds.
- **Standard Bed -** A fixed height bed with no head or leg elevation adjustments that is typically sold as furniture and consists of a frame, box spring, and mattress.

D. Policy
I. CareSource considers a hospital safety bed medically necessary when **ONE** of the following criteria is met for a medical or behavioral health condition:
   A. Special attachments that cannot be fixed and/or used on a standard bed (member is currently in a standard bed and not a crib) are required.
   B. Positioning of the individual's body is required in ways not feasible in an ordinary bed.
   C. Avoidance of entanglement by reducing gaps and openings, avoiding the likelihood of the individual becoming stuck in the frame or between the mattress and frame, is required.
   D. Use of equipment is required due to a diagnosis related to cognitive impairment (e.g., traumatic brain injury, cerebral palsy, seizure disorder).
   E. Behavioral issues such as aggression, impulsivity, noncompliance and/or elopement behaviors that require preventing a individual from leaving bed at night without supervision to maintain safety and for which door and/or bed alarms will not meet the safety needs of the individual.

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E. Conditions of Coverage
NA

F. Related Policies/Rules
Medical Necessity Determinations

G. Review/Revision History

DATE		ACTION
Date Issued	03/15/2023	New policy.
Date Revised		06/01/2023
Date Effective	GA, IN, KY, WV: 06/01/2023 OH: 07/01/2023	
Date Archived	GA, IN, KY, WV: 01/31/2024 OH: 01/31/2024	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

1. 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. Journal of Clinical Sleep Medicine. 2(6); 2016:785-786.
2. Theurer WM, Bhavsar AK. Prevention of unintentional childhood injury. Am Fam Physician. 2013 Apr 1;87(7):502-9. PMID: 23547592.

Independent medical review – 02/15/2023

I. State-Specific Information

A. Georgia
   1. Effective: 06/01/2023

B. Indiana
   1. Effective: 06/01/2023

C. Kentucky
   3. Effective: 06/01/2023

D. Ohio
   1. Effective: 07/01/2023

E. West Virginia
   1. Effective: 06/01/2023

Independent medical review – 2/15/2023

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

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