

Subject: Enclosed Protective Bed Systems (Safety enclosure frame/canopy) for Hospital Beds		Original Effective Date: 12/19/2018
Policy Number: MCP-329	Revision Date(s):	
MCPC Approval Date: 12/19/2018, 9/18/2019, 9/16/2020	Review Date: 9/18/2019, 9/16/2020	

DISCLAIMER

This Molina clinical policy is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina clinical policy document and provide the directive for all Medicare members.¹

Contents

DISCLAIMER.....	1
Description of Procedure/Service/Pharmaceutical.....	1
Recommendation	2
Limitations	Error! Bookmark not defined.
Coding Information.....	3
References.....	3

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

An enclosed bed system is a specialized bed that has been manufactured or customized with additional protection and/or enclosure components. These beds can be fully or partially enclosed with zippered mesh panels or fabricated with wooden or metal side panels or side rails with interior padding that may only be

opened from the outside, and include other safety components. Enclosed beds or bed frames with protective components are used for individuals who are at risk from injuring themselves while in bed.

Because an enclosed bed system is very restrictive, use of the system with protective components should be considered only after all available and less restrictive alternatives have been unsuccessful in maintaining the safety of the individual. The ideal approach is to address the underlying medical and/or behavioral issues that increase the risk of harm. Protective or enclosure beds generally are medically necessary for individuals who are prone to harm from injury by exiting the bed unsafely and are unable to use a less intensive and restrictive alternative. The use of an enclosed bed and the risk of sensory deprivation must be part of the overall plan of care for a child or adult at risk for self-injury.

RECOMMENDATION

Please check individual state health plan regulations and benefit contracts before applying this MCP. Coverage of enclosed bed systems may be applicable to individual State and Federal Health Plan Medicaid regulations and benefit contracts that supersedes this policy.

Protective or enclosure beds may be considered medically necessary for children and adults who have a disease or medical condition that places them at increased risk of injury; and/or make them especially susceptible to harm from injury by exiting the bed unsafely and are unable to use a less intensive alternative. All of the following criteria must be met: [ALL]

- ☐ There is cognitive and communication impairment, and one of the following conditions that include but is not limited to:
 - Cerebral Palsy (moderate to severe)
 - Neurological disorders causing disorientation or vertigo
 - Developmental delays
 - Seizure disorder (daily)
 - Severe behavioral disorder
 - Traumatic Brain Injury (TBI)
 - Uncontrolled perpetual movement related to diagnosis; and
- ☐ Documentation of medical necessity for the protective or enclosed bed system must be submitted and include all of the following:
 - Age of member; and
 - Description of medical condition and clinical need for a safety enclosure; and
 - Evidence of proven safety risk including documentation of history of behavior involving unsafe mobility and history of injuries or risk that have occurred prior to this request; and
 - Less intensive alternatives that have been tried and have proven unsuccessful such as any or all of the following as appropriate: bed rails, bed rail protectors, padding added to ordinary beds, mattress placed on floor, helmets, removal of all safety hazard, monitors, other child protection devices, medications to address seizures and/or correct behaviors; environmental, sensory and/or behavioral modifications; and
 - Name and model of protective or enclosure bed with a valid HCPCS code, (miscellaneous durable medical equipment [DME] codes, such as E1399 will not be accepted); and

- A home evaluation from a qualified occupational or physical therapist or other clinician that is comprehensive and specific to the individual that documents all of the following:
 - A comparative evaluation of various enclosed beds that explains the rationale and clinical need for the requested enclosed bed and components, and
 - Education to the caregivers regarding the use of the enclosed bed; and
 - Evaluation of trials of less restrictive strategies

LIMITATIONS

Enclosed protective beds are generally considered not medically necessary for all of the following: [ALL]

- ☐ children who are under the age of 3, and
- ☐ for adults with confusion or dementia, and
- ☐ for caregiver need or convenience

CODING INFORMATION: THE CODES LISTED IN THIS POLICY ARE FOR REFERENCE PURPOSES ONLY. LISTING OF A SERVICE OR DEVICE CODE IN THIS POLICY DOES NOT IMPLY THAT THE SERVICE DESCRIBED BY THIS CODE IS COVERED OR NON-COVERED. COVERAGE IS DETERMINED BY THE BENEFIT DOCUMENT. THIS LIST OF CODES MAY NOT BE ALL INCLUSIVE.

HCPCS	Description
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0250-E0373	Hospital bed code range

REFERENCES

Government Agency

1. Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database. National coverage determination (NCD) Search. Accessed at: <http://www.cms.gov/medicare-coverage-database/>
2. Centers for Medicare and Medicaid Services, National Coverage Determination for Hospital Beds, Publication 100-3, Manual Section #280.7.

Professional Society Guidelines and other Publications

4. American Occupational Therapy Association Fact Sheet. Addressing Sensory Integration across the Lifespan through Occupational Therapy. 2015. Accessed at: <https://www.aota.org/>
5. UpToDate: [website]. Waltham, MA: Walters Kluwer Health; 2020.
 - Huang P. Promoting safety in children with disabilities.
6. Advanced Medical Review (AMR): Policy reviewed by practicing MD board certified in Physical Med & Rehab, Pain Management. 9/13/18

Review/Revision History:

12/19/2018: New Policy

9/18/2019, 9/16/2020: Policy reviewed, no changes.

