

Molina Clinical Policy
Enclosed Bed Systems (Safety Enclosure Frame/Canopy)
for Hospital Beds: Policy No. 329

Last Approval: 10/12/2022

Next Review Due By: October 2023



OHIO MEDICAID: Molina Ohio will not restrict or limit age from this policy(Ohio Administrative Rule 5160-1-14 | Healthcchek: early and periodic screening, diagnostic, and treatment (EPSDT) covered services).

Since E1399 is on ODM fee schedule, Molina will consider it as a valid code and review on an individual basis for medical necessity.

DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment and clinical recommendations for the Member. 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 (e.g., 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 MCP and provide the directive for all Medicare members. References included were accurate at the time of policy approval and publication.

OVERVIEW

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. (CMS, n.d.; Huang & Durbin, 2022).

COVERAGE POLICY

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 with a disease or medical condition that increases 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 when **ALL** of the following criteria must be met:

1. There is cognitive and communication impairment and **ONE** of the following conditions:
 - a. Cerebral Palsy (moderate to severe); **OR**
 - b. Neurological disorders causing disorientation or vertigo; **OR**
 - c. Developmental delays; **OR**
 - d. Seizure disorder (daily); **OR**
 - e. Severe behavioral disorder; **OR**
 - f. Traumatic Brain Injury (TBI); **OR**
 - g. Uncontrolled perpetual movement related to diagnosis.

AND

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2. Submission of medical necessity documentation for protective or enclosed bed system, including:
 - a. Age of member; **AND**
 - b. Description of medical condition and clinical need for a safety enclosure; **AND**
 - c. 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**
 - d. 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, 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**
 - e. 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**
 - f. 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 and Exclusions

Enclosed protective beds **are considered not medically necessary** for **ALL** of the following:

1. Children who are under the age of 3; **AND**
2. For adults with confusion or dementia; **AND**
3. For caregiver need or convenience.

DOCUMENTATION REQUIREMENTS. Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

SUMMARY OF MEDICAL EVIDENCE

There are no published guidelines or recommendations by national/professional societies and organizations.

SUPPLEMENTAL INFORMATION

None.

CODING & BILLING INFORMATION

CPT Codes – N/A

HCPCS Code

HCPCS	Description
E0316	Safety enclosure frame/canopy for use with hospital bed, any type

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper

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billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

APPROVAL HISTORY

10/12/2022, 10/13/2021, 9/16/2020, 9/18/2019 Policy reviewed, no changes.
12/19/2018 New policy.

REFERENCES

Government Agency

1. Centers for Medicare and Medicaid Services (CMS). Medicare coverage database. National coverage determination: Hospital beds (280.7). Available from [CMS](#). Accessed August 18, 2022.

Peer Reviewed Publication

1. Huang P, Durbin DR. Promoting safety in children with disabilities. Available from [UpToDate](#). Updated May 20, 2021. Accessed August 18, 2022. Registration and login required.

Evidence Based Reviews and Publication

1. AMR Peer Review. Policy reviewed on September 13, 2018 by an Advanced Medical Reviews (AMR) practicing, board-certified physician in the areas of Pain Management and Physical Medicine and Rehabilitation.

APPENDIX

Reserved for State specific information. Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria.

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