



Safety Beds DME-016

Iowa Medicaid Program	Prior Authorization	Effective Date	06/25/2013
Revision Number	12	Last Reviewed	04/18/2025
Reviewed By	Medicaid Medical Director	Next Review	04/17/2026
Approved By	Medicaid Clinical Advisory Committee	Approved Date	06/04/2018

Descriptive Narrative

A safety bed is designed to keep the user safe from falling out or injuring themselves as a result of being in bed or during sleep. Safety beds, for purposes of this criteria, do not include hospital beds or institutional beds, but do include enclosed beds and adaptive beds when used for safety purposes.

As directed by Iowa Administrative Code (IAC) 441-78.10 (249A), the safety bed must be required by the member because of the member's medical condition. It shall be necessary and reasonable either for the treatment of an illness or injury or to improve the functioning of a malformed body part. Additionally, though the item may be necessary, it must also be a reasonable expenditure for Iowa Medicaid. The determination of reasonableness hinges on whether the expense of the item to the program would be clearly disproportionate to the therapeutic benefits which would be expected to be derived from the item. The amount payable is based on the least expensive item which meets the member's medical needs.

Safety beds may be clinically indicated for children or adults with medical diagnoses that result in seizure activity, uncontrolled movements, or behaviors, such that they have demonstrated danger of injury. They are not indicated and are not covered when used for confinement or caregiver convenience.

Safety beds covered under these criteria may include fully or partially enclosed beds, cubicle beds, canopy beds, tent beds, or other beds designed for the purpose intended. It does not include hospital beds or cribs.

Beds provided to Medicaid members will be the least physically-restrictive, most cost-efficient type available that meets the member's medical needs. Documentation must be provided to demonstrate the medical necessity of the type requested and any and all features and accessories requested.

Criteria

An enclosed bed or cubicle bed or canopy bed is considered medically necessary when **ALL** the following are met:

1. There is a diagnosis-related cognitive or communication impairment such as traumatic brain injury, cerebral palsy, seizure disorder, developmental delay with cognitive impairment, or severe behavioral disorder that results in a safety risk; **AND**
2. There is a risk of injury due to the member's mobility; **AND**
3. At least **ONE** of the following are documented:
 - a. An active seizure disorder; **OR**
 - b. Uncontrolled movements related to a diagnosis that places the member at risk for injury; **OR**
 - c. Self-injurious behavior that would be expected to improve through use of the requested bed; **AND**
4. Documentation that at least **TWO** safety measures have been considered and either ruled out as contraindicated or tried and failed including, but not limited to:
 - a. Side rails; **OR**
 - b. A mattress on the floor; **OR**
 - c. Protective helmet; **OR**
 - d. Posey vest; **OR**
 - e. Weighted blankets; **AND**
5. Supporting documentation must include secondary diagnoses and pertinent history of at least **ONE** of the following:
 - a. Risk of entrapment in a regular hospital bed; **OR**
 - b. History of injuries or falls; **OR**
 - c. High risk for fractures; **OR**
 - d. At risk for hemorrhage due to thrombocytopenia or any other bleeding diathesis either acquired or iatrogenic; **OR**
 - e. Frequent upper respiratory infections or other complications related to aspiration; **OR**
 - f. Respiratory complications related to positioning. Requires elevation of the head and upper body greater than 30 degrees; **OR**
 - g. Elopement and/or participation in behaviors that result in a significant safety risk; **OR**
 - h. Requires frequent positional changes; **AND**
6. A signed physician's order and documentation that the member has been assessed for appropriateness of the bed and has no contraindications.

The purchase of a safety enclosure frame/canopy/bubble top (HCPCS code E1399) may be covered when it is for safety use. It is not a covered benefit when it is used for purposes of confinement or for the convenience of family or caregivers.

HCPCS code E1399 may be used in conjunction with HCPCS codes E0328 or E0329 to request a pediatric fully enclosed bed with a canopy.

“Fully enclosed” is defined as four side enclosures and a top cover. A hospital bed with side rails that extend greater than 24 inches above the mattress spring is considered a crib.

Enclosed bed systems that are not approved by the FDA are not a covered benefit.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard, and side rails up to 24 inches above the spring, includes mattress.
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard, and side rails up to 24 inches above the spring, includes mattress.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Slifer KJ and Amari A Behavior Management for Children and Adolescents with Acquired Brain Injury/Developmental Disabilities Research Reviews 15: 144-151 (2009).

Haynes T and Pratt ES, Bed enclosures: Suitable safety net? Nursing management, December 2009, 36-39.

Indiana Health Coverage Programs Provider Bulletin BT200026, August 10, 2000.

Texas Medicaid Provider Procedures Manual, 2012 Online Edition, accessed at http://www.tmhp.com/HTMLmanuals/TMPPM/2012/Vol2_Children's_Services_Handbook.17.064.html on 12/19/2012.

IAC 78.10(2)d cross-reference 78.28(1):

- (1) Enclosed beds. Payment for an enclosed bed will be approved when prescribed for a patient who meets all of the following conditions:
 1. The patient has a diagnosis-related cognitive or communication impairment that results in risk to safety.
 2. The patient's mobility puts the patient at risk for injury.
 3. The patient has suffered injuries when getting out of bed.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
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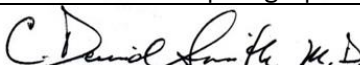
Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual Review. Added "Elopement and/or participation in behaviors that result in a significant safety risk" under Criteria section.	12

Signature

William (Bill) Jagiello, DO



Criteria Change History

Change Date	Changed By	Description of Change	Version
04/19/2024	CAC	Annual review.	11
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/21/2023	CAC	Annual review.	10
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/15/2022	CAC	Annual review.	9
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/16/2021	CAC	Annual review. Minor formatting changes	8
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/20/2018	CAC	Added second paragraph regarding IAC.	7
Signature C. David Smith, MD 			
Change Date	Changed By	Description of Change	Version
04/15/2016	CAC	Criteria #4 added d and e. Criteria #5d added "or any other bleeding diathesis either acquired or iatrogenic".	6
Signature			
Change Date	Changed By	Description of Change	Version
04/17/2015	CAC	Added last paragraph in References.	5
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Change Date	Changed By	Description of Change	Version
05/13/2013	Policy	Removed criterion #3 with reference to member suffering injuries when getting out of bed due to rule changes 9/1/13.	4
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Change Date	Changed By	Description of Change	Version
04/26/2013	Medical Director	Added definition of safety beds.	3
Signature			
Change Date	Changed By	Description of Change	Version
04/19/2013	Medical Director	Complete revision.	2
Signature			
Change Date	Changed By	Description of Change	Version
07/27/2012	CAC	Eliminate requirement for trials with the exception of totally closed beds. Documentation required is specified without requiring that it be provided by the physician.	1
Signature			

CAC = Medicaid Clinical Advisory Committee