PROVIDER POLICIES & PROCEDURES

SAFETY BED SYSTEMS

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for safety bed systems. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

A safety bed system, including but not limited to, the Cubby Bed™, Safety Sleeper®, KayserBetten Secure Sleep Systems, Hannah Safety Bed, and , can be partially or fully enclosed with zippered mesh panels or can be fabricated with other materials, with or without interior padding, and can be stationary or portable, depending on the manufacturer or type of bed. Safety beds do not include hospital beds or institutional beds. **Requests for safety bed systems will be reviewed using the clinical guidelines outlined in this policy.**

Safety enclosure canopies (e.g., Vail enclosures, Posey bed enclosures/canopy systems) are a frame or canopy used to prevent an individual from leaving the bed. These items enclose a standard hospital bed with a netting attached to a frame and are designed for patients needing restraint. **These items are typically described by HCPCS code E0316 and are reviewed using Change Healthcare InterQual (IQ) criteria.**

CLINICAL GUIDELINE

Coverage guidelines for safety bed systems are made in accordance with the Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

The use of a safety bed system and related accessories in a home setting is considered **investigational and therefore not medically necessary** based on the following:

A. There is insufficient published, scientific evidence in peer-reviewed medical literature supporting a safety bed system as being safe, without evidence of causing entrapment or injuries;
B. These items can be locked/secured from the outside and do not permit independent exit, restricting direct access for the individual to safely evacuate in an emergency; and
C. They are not appropriate as a substitute for caregiver supervision when an individual is experiencing behavioral and/or sleep challenges.

EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for

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Medicaid enrollees under 21 years of age where the service or good is medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE
Prior authorization of safety bed systems is required for coverage and will be reviewed in accordance with procedures in place for durable medical equipment. Coverage determinations will be based upon a review of requested and submitted case-specific information.

EFFECTIVE DATE
This Policy is effective for prior authorization requests for safety bed systems for individuals covered under the HUSKY Health Program beginning November 01, 2024.

LIMITATIONS
N/A

CODES

Codes Reviewed Using Policy

Code	Description
E1399	Durable medical equipment, miscellaneous

Codes Reviewed Using InterQual (IQ) Criteria

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

DEFINITIONS

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health

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insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.

7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B)recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD)- Hospital Beds and Accessories. Last revised 01/01/2020. Available at: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33820
- Medscape. Vail Enclosed Bed Systems Withdrawn From Market. June 24, 2005. Available at: https://www.medscape.com/viewarticle/507376?form=fpf
- Moon RY, Carlin RF, Hand I; TASK FORCE ON SUDDEN INFANT DEATH SYNDROME AND THE COMMITTEE ON FETUS AND NEWBORN. Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics. 2022;150(1):e2022057990. doi:10.1542/peds.2022-057990
- Sherburne E, Snethen JA, Kelber S. Safety Profile of Children in an Enclosure Bed. *Clin Nurse Spec*. 2017;31(1):36-44. doi:10.1097/NUR.0000000000000261
- U.S. Food and Drug Administration (FDA), Center for Devices and Radiological Health (CDRH). Medical Devices. Class 1 Device Recall Cubby Bed. April 14, 2022. Available at: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRes/res.cfm?ID=192277
- U.S. Food and Drug Administration (FDA), Center for Devices and Radiological Health (CDRH). MAUDE Adverse Event Report: Cubby Bed/Better Sleep Designs LLC. Cubby Bed; Bed, Manual. June 15, 2021. Available at: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/detail.cfm?mdrfoi__id=12318404&pc=FNJ&device_sequence_no=1
- U.S. Food and Drug Administration (FDA). Center for Devices and Radiological Health (CDRH). Class 1 Device Recall. Vail 500 Enclosed Bed System. Vail 1000 Enclosed Bed System. Jun 30, 2005. Available at: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfres/res.cfm?id=39027

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PUBLICATION HISTORY

Status	Date	Action Taken
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