MEDICAL POLICY

Excellus
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Medical Policy Title	**Specialty Enclosure Bed Systems**
Policy Number	**1.01.56**
Current Effective Date	**May 15, 2026**
Next Review Date	**January 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

With the exception of Managed Medicaid, durable medical equipment, hospital beds, cribs, accessories and all other non-E1499 hospital bed requests should refer to InterQual.

POLICY STATEMENT(S)

I. Non-standard specialty enclosure bed systems (e.g., Cubby Bed, SleepSafe Bed, Abrams Safety Sleeper, Courtney Bed, Hanna Bed) are considered **medically appropriate** for in-home use when **ALL** the following criteria are met:

A. The U.S. Food & Drug Association (FDA) approves the specialty enclosure bed system;

B. Use of the specialty enclosure bed system is the least restrictive option available (see Policy Guidelines);

C. Presence of cognitive or communication impairments related to **ANY** of the following diagnoses:

1. Autism Spectrum Disorder;
2. Cerebral Palsy (moderate to severe);
3. Psychiatric, neurological, or metabolic diagnosis with documented risk of self-injury;
4. Neurological disorders causing disorientation or vertigo;
5. Seizure disorder with daily seizure activity, characterized by loss of consciousness or lack of awareness to surroundings;
6. Severe behavioral disorder; **or**
7. Traumatic Brain injury;

D. Documentation supports **ALL** of the following:

1. Evidence that the individual demonstrates mobility behaviors that pose a risk for injury in bed (e.g., climbing, attempting to exit), not limited to standing at the bedside;
2. The individual has a history of injury related to bed mobility (occurring prior to this request);

3. Current prescription (written order) including the specific HCPCS code for each item and accessory with the make, model, and price quotation;
4. The provider has ruled out physical and environmental factors as causes of the individual's behavior, including but not limited to hunger, thirst, restlessness, pain, need to toilet, fatigue due to sleep deprivation, acute physical illness, temperature, noise levels, lighting, over- or under-stimulation, or a change in caregivers or routine;
5. Assessment of the member's physical status including their age, weight, length, or height;
6. Evaluation of gross motor and cognitive function, including developmental age equivalents and assessment of habilitation potential;
7. Description of the current sleep environment and documentation of alternative safety measures that were attempted and ruled out, including the reasons they did not meet medical needs (see Policy Guidelines). Examples of considerations include, but are not limited to:
    a. bed rails, bed tents or canopies, plastic shields;
    b. protective helmet;
    c. mattress placed directly on the floor;
    d. removal of all safety hazards;
    e. bed alarms;
    f. video/audio monitoring devices;
    g. child safety devices such as locks on doors, windows, cabinet locks, furniture anchors, and gates for stairs or doorways;
8. A written monitoring plan which specifies **ALL** of the following:
    a. identification of all caregivers providing care to the individual, including the relationship to the individual;
    b. the time intervals for monitoring by an adult or appropriate caregiver;
    c. how medical conditions (e.g., seizures) will be managed while the individual is in the enclosed bed;
    d. a description of how the member's individual needs- including hydration, skin care, toileting and general safety will be met while using the bed;
9. Evidence of unsuccessful attempts with **each** of the following interventions, with specific reasons for failure:
    a. physician-directed medications for seizures, behaviors, and sleep; including details on why these medications were ineffective;
    b. environmental modifications (e.g., white noise, headphones, day or nighttime

indicators) intended to promote calming behaviors and sleep;

c. established routines addressing sensory needs or behavior modification to improve naptime or nighttime behaviors and sleep.

d. a comprehensive home evaluation conducted by a qualified clinician (e.g., occupational or physical therapist) tailored to the individual.

II. Specialty enclosure bed systems are considered **not medically appropriate** for the following indications, including but not limited to:

A. Children who are under the age of three (3) years old;

B. For entrapment;

C. For caregiver need or convenience;

D. Adults with confusion or dementia.

III. The following items are considered nonhospital beds or accessory items and are considered **not medically appropriate**:

A. Beds sold as traditional furniture including adjustable beds (e.g., Craftmatic Adjustable Bed, Simmons Beautyrest adjustable, Electrometric adjustable bed, and Sealy Posturepedic Beds);

B. Accessory items or services (e.g., technology hubs, vibrating pads, travel cases, memory foam mattresses, other bed accessories such as bed linens, tables, pillows) that do not contribute meaningfully to the treatment of an illness or injury.

IV. Durable Medical Equipment (DME) Repair

A. Repair of a medically necessary specialty enclosure bed system or components not under warranty will be considered **medically appropriate** when the following criteria are met:

1. Physician documentation includes **ALL** the following:

a. date of specialty enclosure bed system initiation;

b. manufacturer warranty information, if applicable; **and**

c. attestation that the patient has been compliant with the use of the specialty enclosure bed system and will continue to benefit from the use of the specialty enclosure bed system;

2. The specialty enclosure bed system is no longer functioning adequately; and **BOTH** of the following criteria are met:

a. inadequate function interferes with activities of daily living; **and**

b. repair is expected to make the equipment fully functional (as defined by manufacturer).

B. Repair of specialty enclosure bed system damaged due to patient neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto,

liability insurance, etc.) is **ineligible for coverage**.

V. DME Replacement

A. Replacement of a medically necessary specialty enclosure bed system or components not under warranty will be considered **medically appropriate** when **EITHER** of the following criteria are met:

1. The specialty enclosure bed system is no longer functioning adequately and has been determined to be non-repairable, or the cost of the repair is in excess of the replacement cost;
2. There is documentation that a change in the patient's condition makes the present unit non-functional and improvement is expected with a replacement unit.

B. The replacement of a properly functioning specialty enclosure bed system, its components or accessories is considered **not medically necessary**. This includes, but is not limited to, replacement desired due to advanced technology or to make the specialty enclosure bed system more aesthetically pleasing;

C. The replacement of equipment damaged or lost due to patient neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto, liability insurance, etc.) is **ineligible for coverage**.

VI. Accessories or components for specialty enclosure bed systems that are considered not medically necessary or investigational by peer-reviewed literature will also be considered as **not medically necessary or investigational** by the Health Plan.

RELATED POLICIES

Corporate Medical Policy

1.01.00 Durable Medical Equipment (DME) and Devices, Standard and Non-Standard

11.01.11 Comfort, Convenience, or Custodial Services

POLICY GUIDELINE(S)

Use of a specialty enclosure bed system should be considered a last resort in proportion to the potential negative consequences of risk or harm, and for the shortest possible time to ensure safety. It is not to be used as a restraint or for discipline. Its use should be limited to nighttime or short rest periods with design elements present to reduce isolation (e.g., slats for visual and auditory access).

DESCRIPTION

A specialty enclosure bed system is a specialized bed that has been manufactured or customized with enclosure components for adults or children that allow it to function as a restraint (restricting an individual's freedom from exiting the bed). The brands can vary widely in design and cost. These beds can be fully or partially enclosed, with zippered mesh panels, fabricated with wooden, metal side panels, or side rails with interior padding that may only be opened from the outside for safety.

Some systems incorporate lighting, music, cameras, and other safety features such as carbon monoxide detectors and sound detection. These may also be referred to as adaptive beds, enclosed canopy beds, special needs beds, or child safe beds. Examples include but are not limited to: SleepSafe Beds (SleepSafe Beds LLC), The Cubby Bed (Sensory Medical, Inc), Safety Sleeper (Abram's Nation), The Courtney Bed (Courtney Bed), and The Hannah Bed (Keyser Betten-U.S.).

SUPPORTIVE LITERATURE

Anderson et al (2012) published a Cochrane systematic review to assess the effectiveness of interventions designed to prevent patient injuries and falls from bed. Inclusion criteria were randomized controlled trials of interventions designed to prevent patient injuries from their beds which were conducted in hospitals, nursing care facilities or rehabilitation units. Two studies involving a total of 22,106 participants met inclusion criteria. One study evaluated low height beds. The second study evaluated bed exit alarms. Both studies used standard care for their control group and were conducted in hospitals. No study investigating bed rails met the inclusion criteria. The researchers concluded that the effectiveness of interventions designed to prevent patient injuries from their beds (including bed rails, low height beds and bed exit alarms) remains uncertain. The available evidence shows no significant increase or decrease in the rate of injuries with the use of low height beds and bed exit alarms. Limitations of the two included studies are lack of blinding and insufficient power. No randomized controlled trials of bed rails were identified. Researchers suggest future reports should fully describe the standard care received by the control group.

According to Ogundele and Yemula 2022, there is a complex relationship between sleep disorders and children who have recognizable neurodevelopmental, emotional, behavioral, and intellectual disorders (NDEBID). NDEBID include several conditions such as attention deficit/hyperactivity disorder, autism spectrum disorder, cerebral palsy, epilepsy, and learning (intellectual) disorders. Sleep difficulties and disorders can be a common comorbidity for the NDEBID population. Chronic sleep deprivation is associated with significant risks of behavioral problems, impaired cognitive development and learning abilities, poor memory, mood disorders and school problems. Most professional guidelines have consistently emphasized the role of effective sleep hygiene strategies, behavioral interventions, and parent and caregiver education and training, as a first line treatment approach for improving sleep of children and adolescents either alone or in combination with pharmacologic treatment.

Behavioral interventions, along with tracking devices, physical barriers (e.g., window, door locks, fencing), and other resources have shown to be successful in reducing elopement (Buckley 2020).

In November of 2024, the Center for Evidence Based Policy published the "Medicaid Evidence-Based Decisions Project DME Workgroup Tool" addressing "Medicaid Coverage of Enclosed Beds". The authors identify major challenges related to the "extremely limited" evidence for effectiveness and harms of enclosed beds, enclosed bed coverage across Medicaid programs, qualifying conditions, strategies to avoid the use of beds as restraints, adverse events associated with enclosed beds, as well as reimbursement policies. The authors called to attention the ethical issue of enclosed beds being misused as a form of restraint, for discipline, or solely for caregiver needs and preferences. Strategies the workgroup suggests for avoiding their use include the following:

- Specific measures to prevent the use of enclosed beds as restraints;
- Require proof of actual injury before approval;
- Mandate that underlying behavioral conditions are addressed first;
- Limit use to nighttime or short rest periods;
- Require design requirements to reduce isolation (e.g., slats for visual and auditory access).

PROFESSIONAL GUIDELINE(S)

Not Applicable

REGULATORY STATUS

The FDA classifies patient beds with canopy/restraints, as 510(K) exempt and describes them as a passive bed enclosure that provides a solid framework and a soft canopy structure, which securely attaches to the bed and shelters and restrains the patient without touching the patient. The canopy provides access to the patient through secured openings, allowing the healthcare worker the ability to provide routine care to the patient, while providing a more controlled environment when the patient is unattended. Product Code: OYS

The FDA maintains the Manufacturer and User Facility Device Experience (MAUDE) Database, a searchable medical device database of reports submitted to the FDA by mandatory reporters (manufacturers, importers, and device user facilities) and voluntary reports such as health care professionals, patients, and consumers. It includes adverse events involving medical devices over the last ten years. Please refer to the following website for more information: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMAUDE/search.CFM [accessed 2025 Nov 26].

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
Not Applicable	

HCPCS Codes

Code	Description
E1399	Durable medical equipment, miscellaneous [when specified as a canopy bed or part of an enclosed bed]

ICD10 Codes

Code	Description
F80.0-F80.9	Specific developmental disorders of speech and language (code range)
F84.0-F84.9	Pervasive developmental disorders (code range)
G80.0-G80.9	Cerebral palsy (code range)
R41.0-R41.9	Other symptoms and signs involving cognitive functions and awareness (code range)
G40.00-G40.91	Epilepsy and recurrent seizures (code range)
S06.2X-S06.39	Traumatic brain injury (code range)
G25.0-G25.9	Other extrapyramidal and movement disorders

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SEARCH TERMS

Enclosure beds, Safety Bed, Entrapment, Adjustable Bed, Electric Bed, Hospital Bed, Restraints

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Hospital Beds (NCD 280.7) [accessed 2025 Dec 15]

Hospital Beds and Accessories (LCD L33820) [accessed 2025 Dec 15]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid

guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.

- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
01/23/25, 01/22/26	
Date	**Summary of Changes**
05/15/26	• Annual review. Expanded criteria to require the specialty enclosure bed system to be one approved by the U.S. Food & Drug Association, and that it is the least restrictive option available; updated DME Repair and Replacement criteria; added a policy guideline that the bed system should be considered a last resort, that it is not for use as a restraint or for discipline and that its use should be limited to nighttime or short rest periods.
01/01/25	• Summary of changes tracking implemented.
01/23/25	• Original effective date