MEDICAL POLICY STATEMENT
TrueCare

Policy Name & Number	Date Effective
Safety Beds-MS TrueCare-MM-1461	06/01/2026-10/31/2026
Policy Type	
MEDICAL	

Medical Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Archived

Table of Contents

A. Subject....2
B. Background....2
C. Definitions....2
D. Policy....2
E. Conditions of Coverage....3
F. Related Policies/Rules....4
G. Review/Revision History....4
H. References....4

A. Subject
Safety Beds

B. Background
Healthy sleep requires adequate duration, appropriate timing, good quality, regularity, and the absence of sleep disturbances. The American Academy of Sleep Medicine has issued recommendations for sleep needs by age. An individual's bedtime environment is an important consideration, with factors, such as the bed and mattress, affecting the quality and duration of sleep.

A safety bed is an enclosed bed, typically fitted with a mesh canopy, padded walls, and/or a specially designed mattress. A safety bed may be necessary to ensure the safety of an individual with a variety of medical or behavioral health diagnoses,(eg, epilepsy, intracranial injury, hydrocephalus, intellectual disabilities, autistic spectrum disorder). The use of these beds increases patient safety by eliminating falls and preventing injuries and wandering when the patient should be sleeping. Ongoing individual evaluation and monitoring is recommended for appropriate use and prescribing.

C. Definitions
- **Crib Canopy** – A cover that attaches to the top of a crib that prevents a toddler from climbing out of the crib or, in some cases, pets from climbing into the crib.
- **Hospital Bed** – A bed used for individuals that can be adjusted to raise the head end, foot end, or middle, as required. The overall bed height is also adjustable.
- **Physical Therapy (PT)** – Exercises, massages, and other treatments generally under the supervision of a trained provider based on physical stimuli (eg, heat, cold, electrical currents, ultrasound) to relieve pain, improve mobility, strengthen weakened muscles, and often includes an educational component showing the patient how they can improve their own health. Also known as physiotherapy.
- **Occupational Therapy (OT)** – Service that promotes quality of life through participation in meaningful occupations. OT practitioners are skilled in physical and psychological evaluation with a focus on psychological wellbeing.
- **Safety Bed** – A bed to prevent individuals from leaving the bed at night without supervision, preventing injuries, falls, and wandering, and can be institutional, adaptive, enclosed bed system, net bed, or special needs beds.
- **Standard Bed** – A fixed height bed that is typically sold as furniture and consists of a frame, box spring, and mattress.

D. Policy
I. TrueCare considers a safety bed medically necessary when **ALL** the following criteria are met:
   A. Member has a behavioral health or medical diagnosis that may lead to safety concerns.
   B. Member is not able to safely stay in a regular bed at night, and this is creating significant safety risks for the member.

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C. A clinical assessment has been conducted to ensure that less restrictive measures have been tried and are in place.
D. The safety bed is to be used for sleep and short naps and not to be used as a restraint, for playtime, for discipline, or as part of a behavior modification program.
E. Documentation submitted to TrueCare for review must show that the member meets the above criteria, and:
    1. Bed alarms, door alarms, standard rail padding, bed rails, bed on the floor, video/audio monitors, removal of safety hazards from the member's room (eg, small ingestible items, items that can fall on the child or they can climb and jump off of including unsecured dressers, bookcases, TVs, etc.), child protection devices (eg, locks outside of the reach of the child, alarms, gates, furniture anchors, etc.), and/or treatment plan to help with calming and sleep failed to meet the medical needs of the member.
    2. The safety bed is for the benefit of the member and not the caregiver, family member, or provider.
    3. The provider order for the safety bed includes:
        a. medical necessity for the safety bed
        b. plan for transitioning away from the safety bed
    4. The person-centered service plan is retained and updated.
        a. includes a safety bed monitoring plan:
            01. defined duration of safety bed use
            02. time intervals member will be monitored while inside the safety bed
            03. how member's personal care needs will be met during safety bed use
            04. how medical conditions will be managed during safety bed use
            05. safety concerns of potential entrapment and endangerment or injury
            06. regular, periodic face-to-face (in-person) monitoring while the member is in the safety bed
        b. includes a mental health management plan with member-specific medical/clinical interventions that have been tried to mitigate behaviors, improve quality of sleep and safety when sleeping
        c. includes emergency preparedness plan to ensure the safety of the member in case of emergency (eg, natural disaster) as the member is not able to exit the enclosure independently
    5. The invoice for the safety bed is retained and submitted along with the prior authorization and reimbursement requests.
G. The recommended safety bed is the best bed to meet both the member's unique individual clinical needs, and if there are multiple options for this, it is the lowest cost option.

II. Although TrueCare does consider technology addons and nontechnology accessories as non-medical in nature and therefore not medically necessary, these items will be reviewed on a case-by-case basis.

E. Conditions of Coverage

NA

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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F. Related Policies/Rules
Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	03/26/2025	New market. Approved at Committee.
Date Revised	02/25/2026	Annual review. Updated background, definitions, D. I., II. and references. Approved at Committee.
Date Effective	06/01/2026	
Date Archived	10/31/2026	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Caggiari G, Talesa GR, Toro G, et al. What type of mattress should be chosen to avoid back pain and improve sleep quality? review of the literature. *J Orthop Traumatol*. 2021;22(1):51. doi:10.1186/s10195-021-00616-5
2. DeGeorge KC, Neltner CE, Neltner BT. Prevention of Unintentional Childhood Injury. Am Fam Physician. 2020 Oct 1;102(7):411-417. PMID: 32996759.
3. Paruthi S, Brooks LJ, D'Ambrosio C, et al. Recommended amount of sleep for pediatric populations: a consensus statement of the American Academy of Sleep Medicine. *J Clin Sleep Med*. 2016;2(6):785-786. doi:10.5664/jcsm.5866
4. 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

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