Neighborhood Health Plan OF RHODE ISLAND™

Clinical Medical Policy

Enclosed Bed Systems - #079

Last reviewed: 08/19/26

Application

Application of this Medical Policy applies to:
RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), INTEGRITY for Duals (FIDE), Commercial (HBE)
Application Excluded for:
Duals CONNECT (CO-DSNP), Extended Family Planning (EFP)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

A specialty enclosure bed system is a specially designed bed, sometimes referred to as an adaptive bed, enclosed canopy bed, special needs bed, or child safe bed. These beds are manufactured or modified with enclosure features that may function as a restrictive safety device for adults or children.

Enclosure beds may be fully or partially enclosed using zippered mesh panels, wooden or metal side panels, or padded side rails that can only be opened from the outside. Many models also include additional safety features intended to reduce the risk of injury and prevent unsupervised bed exits.

The primary purpose of a specialty enclosure bed is to provide a secure sleeping environment while helping to prevent an individual from leaving the bed without assistance or supervision. These systems vary considerably in design, functionality, and cost. While most features are safety-focused, such as high sides or protective barriers, some models may also include enhanced features such as lighting, music, or other electronic components.

A safety enclosure canopy, also known as a Posey enclosure system, is a protective frame and netting system designed to prevent an individual from exiting a bed without assistance. The enclosure fits around a standard hospital bed and creates a secure environment intended for individuals who may be at risk of injury due to wandering, falls, confusion, or other safety concerns.

These systems are often considered as an alternative to wrist or leg restraints and are used when a contained sleeping environment is necessary to promote safety while minimizing the use of more restrictive measures. The enclosure consists of durable mesh panels attached to a supportive frame, allowing visibility and airflow while helping to prevent unsupervised bed exits.

Pediatric specialty enclosure beds are distinguished by 360° enclosure of the perimeter. The enclosure bed can be for adults or pediatrics.

Due to the restrictive nature of an enclosed bed use of a specialized bed with protective components should only be considered after it has been determined that all available and less restrictive alternatives have been ineffective in maintaining the safety of the beneficiary. Protective or enclosure beds are medically necessary for individuals especially susceptible to harm from injury by exiting the bed unsafely and are unable to use a less intensive and restrictive alternative. Coverage determinations are based on an individual assessment of the beneficiary and his or her clinical needs.

Coverage Determination

Enclosed Bed Systems are covered for individuals that have a risk for safety in bed when **all** of the following are present:

1. A recent clinical note (within 90 days of request) from the prescribing clinician describing the member's diagnosis, current functional status, cognition/awareness, and specific safety risks related to sleeping/bed egress (e.g., frequent unsupervised elopement from bed, high fall risk, self-injurious behavior during sleep, uncontrolled seizures with history of injury during or immediately after seizure, profound cognitive impairment with repeated unsafe bed exits).
2. Occupational therapy (OT) or physical therapy (PT) assessment demonstrating safety deficits, inability to use standard bed modifications, and justification for the specific features of the requested enclosed bed (sizing, padding, alarms, etc.). If OT/PT is unavailable, the prescribing clinician must provide equivalent functional justification.
3. Clear documentation of prior incidents (date-stamped incident/behavioral reports, ED visits, documented injuries, school/guardian incident logs) showing danger from exiting or being in a standard bed. Statements like "parent worried" alone are insufficient.
4. Documentation the provider has ruled out physical and environmental factors as reasons for patient behavior (e.g., 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. Medications to address seizures and/or disruptive or harmful behaviors have been optimized or are not appropriate.
6. Documented trial and failure of less-restrictive alternatives (dates, duration, and outcome). Provider must document what was tried, for how long, and why it failed or was not safe/feasible. This information is required before approving an enclosed bed.
   Examples:

   a. lower bed on floor
   b. bed rails/rail covers
   c. child protection devices such as locks on doors, windows, cabinets, furniture anchors, gates at steps and doors
   d. bed alarms
   e. increased supervised sleep checks
   f. environmental modifications (e.g., white noise, headphones, night or daytime indicators) to encourage calming behaviors and sleep and how they have failed
   g. behavioral interventions
   h. medical helmet
   i. removal of all safety hazards
   j. video/audio monitoring
7. A home safety evaluation (by OT, home health clinician, or supplier) stating that the home environment cannot be made safe by other means and that the enclosed bed is appropriate for the home layout and caregiver capacity.
8. A brief plan describing how the enclosed bed will be used, who will supervise, plans to re-assess for desensitization/transition to less restrictive sleep arrangements, and expected duration of need.
9. There is clinical documentation of one or more of the following:
   a. Severe developmental disability with elopement/unsafe egress.
   b. Seizure disorder with uncontrolled seizures or seizure episodes with prior injury when out of bed.
   c. Severe cognitive impairment / disorientation (traumatic brain injury, severe intellectual disability) with repeated unsafe exits from bed.
   d. Severe behavioral or psychiatric disorder with documented night-time self-injury or aggression.
   e. Neuromuscular condition with frequent injurious falls from bed and inability to comply with less restrictive measures

Documentation checklist for prior authorization of enclosed bed systems (submit all)

- ✓ Prescription/order (itemized).
- ✓ Recent clinician note (90 days) with diagnosis and safety rationale.
- ✓ OT/PT evaluation or therapy note describing function and justification.
- ✓ Home safety assessment.
- ✓ Incident reports / ED/hospital notes / dated caregiver incident logs showing harms or near-misses. Documentation of less-restrictive alternatives tried (dates and outcomes).

Exclusions and Limitations

1. Technology Hub and Sensory System do not meet the definition of Durable Medical Equipment (or any other covered benefit) and are therefore excluded from coverage.
2. No objective evidence of unsafe egress, injuries, or incidents.
3. No documentation that less-restrictive alternatives were tried or why they're inappropriate.

4. Device requested for convenience, family preference, or purely behavioral/sleep training without safety risk.
5. Item is primarily adaptive/comfort furniture (ordinary bed) rather than meeting the definition of DME.
6. Contraindicated for:
    a. Children under the age of three (3)
    b. Adults with confusion or dementia
    c. Entrapment/Restraint
    d. Claustrophobia
    e. Members that become increasingly distressed after being placed in the bed
7. The following items are considered not medically necessary, as the clinical value and long-term clinical outcomes have not been established:
    a. Beds sold as traditional furniture including adjustable beds (e.g., a Craftmatic Adjustable Bed, Simmons Beautyrest adjustable bed, Electrometric adjustable bed, and Sealy Posturepedic Bed).
    b. Accessory items or services (e.g., technology hubs, vibrating pads, travel cases, memory foam mattresses, other bed accessories such as bed linens, tables, and pillows) that do not contribute meaningfully to the treatment of an illness or injury or the functioning of a malformed body part.
    c. Upgrades for aesthetic purposes or upgrades as part of an enclosed bed purchase that do not meet the rules for durable medical equipment, including, but not limited to:
        i. Special lights, sounds, fans, cameras, two-way talk monitors, vibration pads, or weighted blankets.
        ii. Custom wood types, finishes, engravings, or special coverings on the outside of the bed.
        iii. Custom upgrades where lower cost alternatives are readily available.
8. Requests for bed systems that have been determined by the U.S. Food and Drug Administration (FDA) to pose significant safety risk (e.g., Vail enclosed bed system), will not be covered.
9. The replacement of properly functioning enclosed bed systems or external components are not covered. This includes, but is not limited to, replacement desired due to advanced technology or in order to make the device more aesthetically pleasing.
10. Enclosed Bed Systems are also subject to all the coverage requirements, exclusions, and limitations in Neighborhood Clinical Medical Policy #018 Durable Medical Equipment where applicable.

References

- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD). Hospital Beds (280.7). Version Number 1. https://www.cms.gov/medicare-coveragedatabase/view/ncd.aspx?NCDId=227.

- Centers for Medicare and Medicaid Services. Noridian Healthcare Solutions, LLC. Local Coverage Determination (LCD L33820) Hospital Beds and Accessories. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33820
- Centers for Medicare and Medicaid Services. Noridian Healthcare Solutions, LLC. Local Coverage Article (LCA A52508) Hospital Beds and Accessories – Policy Article. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52508
- Rhode Island Executive Office of Health & Human Services (EOHHS): Rhode Island Medicaid Coverage Guidelines, Medicaid Provider Manual: Durable Medical Equipment
- Contract between The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2025.
- Contract- Agreement between the State of Rhode Island Executive Office of Health and Human Services and Neighborhood Health Plan of Rhode Island Medicaid Managed Care Fully Integrated Dual Special Needs Plan, Effective January 1, 2026.
- https://centerforevidencebasedpolicy.org/wp-content/uploads/2025/03/med-workgroup-tool-coverage-ofenclosed-beds.pdf
- CubbyBeds — LMN templates / guidance for providers & suppliers (useful for clinicians writing supporting documentation). Cubby Beds.
- SleepSafe Beds, LLC – Guide to Writing a Letter of Medical Necessity (LMN). https://sleepsafebed.com/support/#

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on Providers
2. Click on Provider Resources
3. Click on Forms
4. Click on "Click here for a list of prior authorization request forms" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours.

Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the Authorization Quick Reference Guide.

CMP Number:	**#79**
CMP Cross Reference:	
Created:	**August 2026**
Annual Review Month:	**August**
Review Dates:	08/19/26
Revision Dates	
UMC Review Date:	08/19/26
Medical Director Approval Dates:	08/19/26
Effective Dates:	08/19/26

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.