



PROVIDER POLICIES & PROCEDURES

ENCLOSED 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 enclosed 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.

An enclosed bed system is a specialized bed that has been manufactured or customized with additional protection and/or enclosure components. These beds can be fully or partially enclosed with zippered mesh panels or fabricated with wooden or metal side panels or side rails with interior padding that may only be opened from the outside, and include other safety components. Other enclosed beds components include those which provide ventilation, manual or electric height adjustability, head and/or lower extremity elevation, and for respiratory and feeding purposes.

Enclosed beds or bed frames with protective components have been used for individuals who are at risk for injuring themselves while in bed.

CLINICAL GUIDELINE

Coverage guidelines for enclosed 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:

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 individual. The optimal approach is to address the underlying medical and/or behavioral issues that increase the risk of harm. In general, confinement by itself is not medically necessary nor clinically appropriate, to manage seizures or behaviors such as head banging, rocking, etc. 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. The use of an enclosed bed must be part of the overall plan of care for a child or adult at risk for self-injury. The risk of sensory deprivation and overuse must be addressed in the plan of care.

An enclosed bed system may be considered medically necessary when:

1. There is cognitive and communication impairment, and
2. There is documentation of medical necessity that includes at least one of the following:
 - a. Uncontrolled movements related to diagnosis; or
 - b. Self-injurious behavior, such as head banging, where a helmet was tried and failed, and
3. The person demonstrates unsafe mobility or movements that put the individual at risk for serious injury, not just a possibility of injury (e.g., climbing out of bed, not just standing at the side of the bed, entrapment risks), and

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4. There is documentation regarding this person's history of injuries related to this request, and
5. There is documented evidence of a proven safety risk despite use of multiple, less invasive strategies and alternatives have been tried and demonstrated to be ineffective, including one or more of the following:
 - a. Padding and side rails in bed or crib;
 - b. Alternative bed; i.e., moving the mattress to the floor, moving a bed or mattress inside a small portable tent;
 - c. Monitors to listen to person's activity;
 - d. Full padding around regular bed, crib or hospital bed, or placing a crib tent over crib;
 - e. Helmet used for head banging;
 - f. Removal of all safety hazards from the person's room;
 - g. Protective surfaces in person's room;
 - h. Child protection device (i.e., on the door knob, use of a gate or other method to prevent the person from leaving their room);
 - i. Medications to address seizures and/or correct behaviors, including modification of doses; or
 - j. Behavior modification strategies used for sleep disturbances and promote/maintain sleep.

Enclosed bed systems are typically not considered medically necessary:

1. for children under the age of 3;
2. for adults who suffer from confusion or dementia; and
3. when the purpose is to restrain the person due to behavioral conditions.

However, an enclosed bed system may be considered medically necessary in these instances based on an assessment of the individual and his or her unique clinical needs.

NOTE: 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 Medicaid enrollees under 21 years of age where the service or good is medically necessary health care 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 for the purchase or modification for enclosed beds is required. Requests for coverage of enclosed bed systems will be reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for enclosed bed systems:

1. Fully completed Outpatient Prior Authorization Request Form or fully completed authorization request via on-line web portal; and
2. Physician prescription within the past three (3) months, and a signed letter of medical necessity describing the behaviors necessitating an enclosed bed; and
3. Documentation describing a home evaluation with recommendations from a licensed occupational therapist or licensed physical therapist performed within three (3) months prior to submission of the prior authorization request, which meets the criteria in the above Clinical Guideline. The therapist's

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documentation should include evidence of :

- a. Evaluation, trials, and consideration of less restrictive strategies;
- b. Education to caregivers regarding the timing and use of the enclosed bed;
- c. A “sensory diet” plan of care for those individuals demonstrating sensory integrative deficits. A planned sensory diet, individualized for the child's unique sensory processing needs, must be implemented with the caregiver and sensory strategies modified or discontinued based the individual's progress;
- d. A behavioral program integrated into the monitoring program for those individuals with behavioral issues; and
- e. A comparative evaluation of various enclosed beds that explains the rationale for the requested enclosed bed and components, and provides a specific design for growth allowance, address current medical condition and anticipated medical change, and/or impede injury.

EFFECTIVE DATE

This Policy is effective for prior authorization requests for enclosed bed systems for individuals covered under the HUSKY Health Program beginning April 1, 2014.

LIMITATIONS

N/A

CODES:

Code	Description
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in 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 in above the spring, includes mattress
E1399	Durable medical equipment, miscellaneous

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.

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6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health 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:

Government Agency, Medical Society, and Other Authoritative Publications:

- American Occupational Therapy Association Fact Sheet. Addressing Sensory Integration across the Lifespan through Occupational Therapy. Available at: http://www.aota.org/-/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/HW/Facts/FactSheet_SensoryIntegration.pdf
- Centers for Medicare and Medicaid Services, Publication 100-3, National Coverage Determination Manual for Hospital Beds, Chapter 1, Publication 100-3, Manual, Section #280.7.
- May-Benson, TA, Koomar JA. Systematic Review of the Research Evidence Examining the Effectiveness of Interventions Using a Sensory Integrative Approach for Children. 2010 May-June; 64(3):403-14.
- Minnesota Department of Human Services Provider Manual: Hospital Beds, February 12, 2018 Available at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionS electionMethod=LatestReleased&dDocName=dhs16_152895
- North Carolina Division of Medical Assistance Durable Medical Equipment and Supplies, Medicaid and Health Choice Clinical Coverage Policy #5A, December 1, 2017. Available at: https://files.nc.gov/ncdma/documents/files/5A-1_1.pdf
- North Dakota Department of Human Services, Durable Medical Equipment Orthotics, Prosthetics and Supplies, March 2013. Available at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/dme/dme-manual.pdf>
- Priority Health, Enclosed Bed Systems for Medicaid Members, Medical Policy #91498-R1, February 2018. Available at: <https://www.policyalerts.com/priority-health-february-2018-medical-policy-updates/>

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- Texas Medicaid Provider Procedures Manual, Children’s Services Handbook, Hospital Beds, Cribs, and Equipment, section 2.7.11, 2017. Available at: http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_History/2017/09-Sept/2_Childrens_Services.pdf
- Watling R, Koenig KP, Davies PL, Schaaf RC. Occupational Therapy Practice Guidelines for Children and Adolescents with Challenges in Sensory Processing and Sensory Integration. Bethesda (MD): American Occupational Therapy Association Press; 2011. Guideline summary available at: <http://www.guideline.gov/content.aspx?id=34041&search=sensory+diet>

Websites for Additional Information and Resources:

- Cincinnati Children’s Hospital Medical Center, Special Needs Resource Directory, Home modifications and Child Safety. Available at: <https://www.cincinnatichildrens.org/patients/child/special-needs/home/housing>
- The Children’s Hospital of Philadelphia, Safety Center. Available at: <http://www.chop.edu/service/injury-prevention-program/safety-center/>
- Toledo Children’s Hospital. Safety Tip for Children with Special Needs. Fall 2007, second edition, Available in English and Spanish at: https://www.promedica.org/pdfs/ServiceToTheCommunity/TCH_special_needs.pdf

PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	April 1, 2014	
Reviewed	June 2015	Clinical Quality Subcommittee review. Updated “Information Required for Review” section to allow home evaluation by a licensed physical therapist. Added “and components” to statement regarding comparative evaluation. Updates approved at the June 15, 2015 Clinical Quality Subcommittee Meeting.
Updated	August 2015	At request of DSS, updated definitions for HUSKY A, B, C and D. Changes approved by DSS on August 17, 2015.
Updated	March 2016	Updates to language in introductory paragraph pertaining to purpose of policy. Updates to Clinical Guideline section pertaining to definition of Medical Necessity. Updates throughout policy to reflect importance of person-centeredness when reviewing requests for enclosed bed systems. Update to criteria – removed reference to specific conditions. Changes approved at the March 21, 2016 Clinical Quality Subcommittee meeting. Changes approved by DSS on May 11, 2016.
Updated	November 2016	Medical Policy Committee review. No change to policy. Policy approved at the October 26, 2016 Medical Policy Committee. Policy approved at the December 20, 2016 Clinical Quality Subcommittee meeting. Approved by DSS on January 3, 2017.
Updated	October 2017	The following updates were made: Removed word baby from medical necessity criteria (5)© and (5)(h) on page 2 of policy. Clarified that prior authorization is required for both purchase of and modifications to enclosed beds

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		in Procedure section. Removed requirement for a monitoring program for clinical appropriateness after delivery in section (3)(a) on page 3 of policy. Changes approved at the October 18, 2017 Medical Policy Review Committee meeting. Changes approved at the December 18, 2017 Clinical Quality Subcommittee meeting. Changes approved by DSS on January 2, 2018.
Updated	July 2018	Updates to URLs within Additional Resources and References Section . Approved at the July 25, 2018 Medical Policy Review Committee meeting. Approved by the CHNCT Clinical Quality Subcommittee on September 17, 2018. Approved by DSS on September 19, 2018.

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