

**ENCLOSED BED SYSTEMS FOR MEDICAID MEMBERS**

Effective Date: December 23, 2013

Review Dates: 01/05, 12/05, 12/06, 12/07, 12/08,  
12/09, 12/10, 12/11, 12/12, 12/13, 2/15, 2/16, 2/17,  
2/18, 2/19

Date Of Origin: January 19, 2005

Status: Current

**I. POLICY/CRITERIA**

- A. An enclosed bed system may be covered if both of the following apply:
  - 1. There is a diagnosis/medical condition (e.g. seizure activity) which is likely to result in injury in a standard bed or hospital bed.
  - 2. There is no other economic alternative to meet the needs.
- B. Prior authorization is required and must include the following information:
  - 1. Diagnosis/medical condition requiring the use of the bed and any special features (if applicable).
  - 2. Documentation of safety issues resulting from the medical condition and related to the need for an Enclosed Bed System.
  - 3. Other products or safety methods already tried without success, (e.g. bumper pads, rails, bed alarms). Without success means that other methods were tried and failed.
  - 4. Type of bed requested.
  - 5. Type of special features requested with documentation of medical necessity, if applicable.
- C. Enclosed beds are not covered for children under the age of 3 nor are they covered for adults who suffer from confusion or dementia.
- D. Enclosed bed systems are not covered when the purpose is to restrain the beneficiary due to behavioral conditions, caregiver need or convenience, etc.
- E. Enclosed cribs are not covered.

**II. MEDICAL NECESSITY REVIEW**

Required                       Not Required                       Not Applicable

**III. APPLICATION TO PRODUCTS**

This policy applies to Medicaid/Healthy Michigan Plan members only. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee

Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

**IV. DESCRIPTION**

Priority Health may provide coverage for an enclosed bed system when medically necessary to prevent injury to a member. An enclosed bed system includes the mattress, bed frame, and enclosure as one unit.

**V. CODING INFORMATION:**

**ICD-10 Codes** that may support medical necessity

E51.8	Other sleep disorders not due to a substance or known physiological condition
F95.2	Tourette's disorder
F98.4	Stereotyped movement disorders
G25.9	Extrapyramidal and movement disorder, unspecified
G40.01 - G40.919	Epilepsy and recurrent seizures

**CPT/HCPCS Codes:**

*Note: Authorized HCPCS code must match billed code.*

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 inches 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 inches above the spring, includes mattress

**Not Covered:**

E0300 Pediatric crib, hospital grade, fully enclosed, with or without top enclosure

**VI. REFERENCES**

**AMA CPT Copyright Statement:**

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

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