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-
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, 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
F51.8 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.B19 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.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member’s plan in effect as of the date services are rendered. Priority Health’s medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health’s medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan’s ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name “Priority Health” and the term “plan” mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.