

# Medical Policy



## Protective or Enclosure Beds (NH Medicaid only)

### Description

Protective or Enclosure Bed: A special bed that has been modified with additional protection and enclosure equipment that are used to protect children and adults from harm or injury. These beds are usually fully enclosed with zippered panels that may only be opened from the outside.

### Policy

Protective or enclosure beds are medically necessary for children and adults who have a disease or medical condition that places them at increased risk of injury; and/or make them especially susceptible to harm from injury by exiting the bed unsafely and are unable to use a less intensive alternative.

Clinical conditions may include but are not limited to:

- Cerebral Palsy (moderate to severe)
- Cognitive and communication impairment
- Dementia
- Neurological disorders causing disorientation or vertigo
- Seizure disorder (daily)
- Severe behavioral disorder
- Traumatic Brain Injury (TBI)
- Uncontrolled perpetual movement related to diagnosis

Documentation must include all of the following information:

- Medical condition or diagnosis with explanation showing why the member is at increased risk of injury (related to diagnosis)
- Member's age
- Less intensive alternatives that have been tried and have proven unsuccessful (ex.; bed rails, bed rail protectors, padding added to ordinary beds, mattress placed on floor, helmets, or environmental modifications); and
- Name and model of protective or enclosure bed

### HCPCS Level II Codes and Description

E0300 Pediatric crib, hospital grade, fully enclosed

E0316 Safety enclosure frame/canopy for use with hospital bed, any type

### Important Note:

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Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

### References

MassHealth; Guidelines for Clinical Treatment: Guidelines for Medical Necessity Determination for Hospital Beds available online at <https://www.mass.gov/doc/hospital-beds/download> accessed November 18, 2024.

### Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
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## Protective or Enclosure Beds (NH Medicaid only)

A	02-15-11	Initial Release	Susan Glomb	Dr. B. Almasri	n/a	
01	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
02	11-11-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
03	12-03-12	Annual review – no changes. Covered for NH Medicaid members only.	Susan Glomb	Dr. B. Almasri	Dec. 2012	
04	12-11-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri		
05	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
06	11-24-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015	
07	11-17-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
08	11-17-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
09	11-12-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
10	11-12-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019
11	11-05-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2020	
12	11-24-21	Annual review. Added NCD, LCD verbiage to	Carol Dimech	Dr. C. Lerchin	November 24, 2021	

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		“Important Note”.				
13	11-07-2022	Annual Review. Updated reference link.	Lisa Wojno	Dr. C. Lerchin	November 7, 2022	
14	11-15-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-15-23	11-15-23
15	11-18-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-18-24	11-18-24