Medical Policy

Northwood

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 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.

Pediatric specialty beds shall be considered medically necessary for infants and children up to the age of 12, as follows when meeting criteria in a) through f):

a. The member has one or more of the following diagnoses:

    1. Traumatic brain injury;

    2. Moderate or severe cerebral palsy;

    3. Seizure disorder with daily seizure activity, characterized by loss of consciousness or lack of awareness to surroundings;

    4. Pervasive developmental disorder;

    5. Psychiatric, neurological, or metabolic diagnosis with documented risk of self-injury; or

    6. Severe behavioral disorder; and

b. The member has cognitive and communication impairment; and

c. There is documentation of medical necessity that includes at least one of the following:

    1. Daily seizure activity as described in a.3. above;

2. Uncontrolled perpetual involuntary movement related to a medical diagnosis; or

3. Self-injurious behavior, such as head banging, where a helmet was tried and was not successful at reducing the self-injurious behavior; and

d. There is evidence of a safety risk that includes at least one of the following:

1. The member demonstrates unsafe mobility that will put the member at risk for serious injury, not just a possibility of injury, such as climbing out of bed;

2. The member has balance problems or vertigo; or

3. The member has history of injury that has occurred prior to the request; and

e. There is documented use of more cost-effective alternatives for which the outcomes were unsuccessful, such as:

1. Positional aids and side rails with padding around the regular bed;

2. Alternative bedding, such as moving the mattress to the floor with surrounding padding;

3. Management of seizure disorder;

4. Pharmacotherapy;

5. Helmet for head protection;

6. Behavioral therapy;

7. Environmental assessment and removal of safety hazards and use of appropriate child protective devices, such as on the doorknob or use of a baby gate to prevent the child from leaving the room; or

8. Use of portable monitoring devices, such as a baby monitor to listen in on the child's activities; and

f. The letter of medical necessity (LMN) includes the following:

1. The member's medical, psychiatric, neurological, metabolic, and behavioral diagnosis;

2. The member's needs that are a result of the diagnosis that shows the medical need for the specialty bed;

3. The specific name, type, and bed model that addresses each of the member's needs with specific requirements such as full safety rails, height required for safety, or the necessity of articulation to raise the head or feet of the child to feed, medicate, or provide mobility;

4. Documentation as to how the member's current bed or crib or modifications to the bedroom fail to address the clinical need and which states whether the member has the capacity to climb;

5. Current and previous treatment modalities, including an explanation why these modalities were not successful;

6. Assessment of cognitive function including developmental age equivalent for motor function, cognitive function, and habilitation potential; and

7. Detailed history of safety issues including incidence and resulting injury;

Non-Covered Services. The following items shall not be covered:

a) Items that do not meet the coverage criteria set forth in He-W 571.04 that may be found here: https://regulations.justia.com/states/new-hampshire/he/subtitle-he-w/chapter-he-w-500/part-he-w-571/section-he-w-571-04/;

b) Items typically not used by the general public for a medical purpose, including:

(1) Furniture for non-mobility purposes including, but not limited to:

a. Corner seats;

b. Positioning chairs;

c. Highchairs or other feeding type chairs;

d. All beds, except hospital beds as allowed by New Hampshire Code of Administrative Rules He-W 571.04(c)(23)c., and the pediatric specialty beds as allowed in He-W 571.04(c)(20) which may be found here https://regulations.justia.com/states/new-hampshire/he/subtitle-he-w/chapter-he-w-500/part-he-w-571/section-he-w-571-04/;

e. Toddler beds, bassinets, portable cribs, or playpens; and

f. Massage and therapy tables and related equipment;

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
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 (when used for a pediatric safety bed)

Important Note:

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

New Hampshire Code of Administrative Rules; N.H. Code Admin. R. He-W 571.04; Pediatric Specialty Beds He-W 571.04(c)(20) and He-W 571.04(c)(23). https://regulations.justia.com/states/new-hampshire/he/subtitle-he-w/chapter-he-w-500/part-he-w-571/section-he-w-571-04/
Accessed July 20, 2026.

New Hampshire Code of Administrative Rules; N.H. Code Admin. R. He-W 571.06; Non-Covered Services. https://regulations.justia.com/states/new-hampshire/he/subtitle-he-w/chapter-he-w-500/part-he-w-571/section-he-w-571-06/
Accessed July 20, 2026.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
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 “Important Note”.	Carol Dimech	Dr. C. Lerchin	November 24, 2021	
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
16	11-11-25	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	11-11-25	11-11-25
17	03/18/2026	Added: E1399 When used for a pediatric safety bed	Susan Kazmierski	Dr. C. Lerchin	03/18/2026	03/18/2026
18	07-20-2026	Updated Pediatric Specialty Bed criteria per NH DHHS Amendment He-W 571	Susan Kazmierski	Dr. C. Lerchin	07-20-2026	07-22-2026