

The Department of Vermont Health Access Clinical Criteria

Subject: Special Needs Protective Beds

Last Review: July 26, 2023*

Past Revisions: January 20, 2022

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

A special needs bed enables a member to sleep or rest safely when a hospital bed is not sufficient to meet the medical need.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment

Coverage Position

A special needs bed may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding special needs beds, and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>



Coverage Criteria

A special needs bed may be covered for members who:

- Have a medical condition that impairs the ability to sleep in a safety-proofed sleep environment, a regular bed, or a hospital bed **AND**
- Have been evaluated for the most appropriate bed by a physical or occupational therapist, or a physician/**advanced practice provider** knowledgeable regarding beds **AND**
- The device has been documented as fitting into the member's home environment **AND**
- The device prescribed maximizes member independence and safety **AND**
- The member and/or caregivers have been fully trained in the proper techniques for use and care of the device **AND**
- The device has been designed to prevent the 7 zones of entrapment (see below) and suffocation **AND**
- Where the purpose of the device is for protection and not restraint.

Special needs beds require prior authorization. A physical or occupational therapist home assessment is required to determine the appropriate device, given the member's medical condition, mobility status, and the physical plant of the home. A trial or close simulation of the device is required to ensure that the device will meet the medical needs of the member. Members may also require instruction from a physical or occupational therapist in techniques to use and care for the device properly.

There are 3 basic types of special needs bed:

- Hard sided beds have maximum sturdiness, with windows or slatted sides to ensure that there can be good air exchange and visual access. Multiple heights are available based upon the member's needs.
- Soft sided beds have mesh or nylon sides with zipper openings. They are most useful for members who may be injured by a hard sided bed. A soft sided bed will not be effective for members who might attempt to rip the fabric. There are also canopies that fit directly over a standard hospital bed; these are much less expensive than complete enclosure or canopy beds.
- Tent style beds are beneficial for members who need to use the bed in multiple settings or who are living in tight quarters. This bed would not be useful for a member who experiences claustrophobia **or who might attempt to rip the fabric.**

Determining which bed is appropriate requires the skills of a physical or occupational therapist.

- For coverage of a protective bed with a zipped cover or high sides, it must be clear in the documentation that the purpose of the bed is for protection and not for restraint. Documentation must be provided to clearly indicate why all other options which offer protection without restraint cannot meet the medical need (see below).
- Great care must be taken when considering beds for members who are confused, agitated, combative, have uncontrolled movements, have limited safety awareness, and/or who are nonverbal. They are at increased risk for injury and suffocation. Options to explore before utilizing bedrails or protective beds:
 - Mattresses on the floor of a safety-proofed room;

- Special low hospital beds with a cushioning floor mat alongside the bed in case of falls;
- Frequent, close attention to the member's physical and psychological needs;
- Mattresses with raised edges to avoid rolling out of bed;
- Bed motion sensors/alarms;
- Beds designed with no space for burrowing between the frame and mattress;
- "Bumper" padding of the header, footer, and side rails of a standard bed/crib.

Zones of Entrapment

Zone 1: Within the bedrail

Zone 2: Under the rail, between the rail supports or next to a single rail support

Zone 3: Between the rail and the mattress

Zone 4: Under the rail, at the ends of the rail

Zone 5: Between split bed rails

Zone 6: Between the end of the rail and the side edge of the head and foot board

Zone 7: Between the head or foot board and the mattress end.

Also note that injuries and deaths may occur from individuals going over the bed rail.

Components: All covered components must also demonstrate medical necessity. All requests for prior authorization must have documentation by the physical or occupational therapist specifying the medical necessity for each component. Components may include:

- Ports for medical tubing or wires
- Frame padding to prevent injury
- Foot/head elevation
- Electric operation for immediate need position changes
- Adjustable mattress heights for safe ingress/egress
- Canopies to provide safety from egress from the top of the bed

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

Repeat services are covered when the device requires replacement before the DME Limitation time frame, for one of the following reasons:

- The device has been outgrown OR
- The device no longer meets the medical needs of the member OR
- The device is no longer functional through normal wear and tear (expected to last at least 5 years for electrical devices or 8 years for non-powered devices) OR

- The cost of repairing the device is greater than 50% of the replacement cost.

Type of service or procedure covered

Hard side, soft side, or tent style special needs beds.

Replacement device(s) is covered when:

- The device is no longer functional through normal wear and tear or when the useful lifetime has been reached (HCAR Rule 4.209). See the DME limitation list on the VT Medicaid Portal under Provider Resources at <http://vtmedicaid.com/#/resources>.

Type of service or procedure not covered (this list may not be all inclusive)

- Duplicate devices for multiple locations are not covered. If the member resides in multiple homes, a portable device must be considered.
- Any device that requires a home modification is not covered.

Coding guidelines

There are specific codes for special needs beds with specific side heights. If the device does not match the specific description, a generic code must be used.

Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

References

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