

MP-086 Specialty Enclosure Bed Systems (Home use)

Policy MP-086

Origination Date: 10/31/2025

Reviewed/Revised Date:

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Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP, Healthy U (Medicaid) and Health Choice Utah (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

Description:

Overview of Specialty Enclosure Bed Systems

Specialty enclosure bed, also known by terms such as secure sleeping systems, protective canopy beds, or beds for individuals with special needs, are designed to provide a safeguarded sleep environment for individuals who may be at risk of injury or elopement during rest. These beds incorporate structural features that limit unsupervised exit and may function as a form of physical restraint when clinically justified.

These systems are available in various configurations, including full enclosures made of mesh fabric with zippered access, rigid panels constructed from wood or metal, or padded railings that can only be opened externally. Their primary purpose is to ensure the individual remains safely within the bed, especially when traditional restraint methods are not appropriate or effective.

These beds are classified as restrictive safety devices rather than medical equipment. There have been concerns regarding their use as restraints, as well as reports of injuries, which have led to Class 1 recall of certain enclosure beds.

Policy Statement and Criteria

1. Commercial Plans/CHIP

- UUHP considers specialty enclosure bed systems (e.g., Cubby Bed, Sleep Safe Bed, Abrams Safety Sleeper, Courtney Bed, Hannah Bed, Protective Canopy Systems e.g., Posey, Pediatric Enclosure Beds) as safety devices **and therefore are not covered**.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)
CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage. EPSDT may apply.

Clinical Rationale

(Systematic reviews-oldest to newest, other studies oldest to newest, Hayes, Societies)

Safety enclosure beds are designed to prevent patients from leaving their beds and are commonly used for individuals with cognitive disorders, unpredictable behavior, or seizure activity. Demand for these beds, particularly for children with autism spectrum disorder, has increased, likely due to rising autism prevalence, pandemic-related sleep disruptions, and manufacturer marketing efforts (1).

Despite this growing demand, evidence on the clinical effectiveness and safety of enclosed beds remains limited with no high-quality evidence demonstrating reduced falls, injuries, elopement, sleep quality or caregiver burden (1).

The only randomized controlled trial conducted in a hospitalized adult population found that enclosed beds may be perceived as a more humane and safer alternative to traditional restraints. The study evaluated SOMA Safe Enclosure™ beds versus standard physical restraints in managing agitation. Among 49 randomized patients, those in the enclosure group received more favorable ratings from relatives, physicians, and nurses. However, no significant differences were observed in agitation levels, length of stay, time in restraints, or medication use. One injury occurred in the standard restraint group, with none in the enclosure group (2).

No studies were found examining enclosed bed use in home settings or among children and adolescents. Due to limited evidence, clinical guidelines do not include enclosed beds among recommended strategies for managing sleep disturbances, wandering, or fall risk in individuals with neurodevelopmental disorders (1).

Caregivers commonly use physical barriers such as locks, window guards, fencing, and alarms in the home, but specialty enclosure beds are not specifically studied or widely reported as a home intervention in the literature (5-9). The recommended approaches focus on behavioral therapy and melatonin to improve sleep, along with physical safeguards such as door and window locks to prevent wandering (3).

The Center for Evidence-Based Policy's November 2024 report noted limited pediatric evidence, no cost-effectiveness data, and challenges in distinguishing behavioral from medical needs. The report recommends further research to evaluate outcomes, including safety and adverse events, and to clarify the distinction between medical necessity and convenience (2).

In a retrospective review of 208 pediatric hospital encounters, Sherburne et al. (2017) evaluated the safety profile of enclosure bed use across three cognitive function groups: no impairment, new-onset impairment, and congenital impairment. Children with new-onset cognitive impairment demonstrated the highest risk for adverse outcomes, including falls, skin breakdown, and injuries. In contrast, those with congenital cognitive impairment experienced fewer injuries and lower fall risk, suggesting a more favorable safety profile (4).

Enclosed beds have been linked to various adverse events, primarily involving material separation and structural failures. Notable incidents include ingestion of disassembled parts (Cubby beds), falls due to rail malfunctions (Pedicraft), patient entrapment, a fractured ankle (Beds by George), and a suspected finger fracture from material separation (Posey beds). This has led to two Class I recalls of certain bed types, which is the most serious recall type due to risks of serious injury or death (1).

Applicable Coding

CPT Codes

HCPCS Codes

E1399

References:

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8. [Prevalence and Correlates of Elopement in a Nationally Representative Sample of Children with Developmental Disabilities in the United States.](#)
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