



## HSCSN Medical Necessity Criteria & Authorization Requirements

### Adaptive Pediatric Hospital Beds

Version 5/5/2025

Approved 5/6/2025

#### Background:

An **adaptive safety bed** or **hospital bed** is a specialized piece of equipment designed to provide a safe sleep environment for people with developmental disabilities. People with developmental disabilities often have impaired cognitive skills, judgment and safety awareness. They may be at risk for falls, elopement or roaming the home overnight and engaging in unsafe behaviors. Some individuals have self-injurious behavior and may need padded siding or other features to keep them safe. A standard hospital bed is designed to provide appropriate support and positioning for management of medical condition or disability while an adaptive, safety bed provides a safe sleep environment to prevent falls, wandering/elopement or injury. To determine the medical necessity of an adaptive safety bed, HSCSN considers the following:

#### Level of Function:

- **Cognitive Functioning:** Intellectual level, judgment, safety awareness
- **Communication Skills:** Ability to speak and communicate to others, ability to understand language
- **Motor Function:** ability to sit upright, move, walk, wander, etc.
- Behavior

#### Level of Risk:

- Risk of entrapment
- Falls
- Wandering/elopement
- Engaging in unsafe behaviors

#### Diagnosis(es):

- Diagnosis or diagnoses consistent with the level of function and risk described

#### Documentation Requirements:

To establish medical necessity, a comprehensive evaluation by a qualified healthcare professional is typically required. This evaluation should include:

- Detailed medical history and diagnosis(es)
- Assessment of functional limitations including cognitive function, communication skills, motor function, and unsafe behaviors
- Documentation of attempts to use or modify standard beds and their limitations
- Specific recommendations for the type of adaptive safety bed required
- Explanation of how the adaptive safety bed will improve the individual's safety, function and/or quality of life

#### Additional Considerations:

- **Federal and State-Specific Regulations:** Some states have specific guidelines and regulations regarding the coverage of beds.
- **Manufacturer's Recommendations:** It's important to follow the manufacturer's recommendations for the appropriate use and maintenance of the bed.

EPSDT emphasizes providing all medically necessary services to children under 21 enrolled in Medicaid. This includes durable medical equipment that ameliorates the effects of a medical condition or disability.

#### I. Specific Requirements for Requesting an Authorization of an Adaptive Safety Bed

- An authorization request for an adaptive (safety bed) must include the following:
  - Signed referral/order from a licensed physician/nurse practitioner for an adaptive (safety) bed done within the past 6 months.
  - Documentation of a face-to-face visit with the prescriber within the past 6 months.
  - Evaluation by a licensed PT or OT recommending an adaptive bed.
  - An Assistive Technology Professional (ATP) is part of the evaluation process and involved in making recommendations regarding a specific product.
  - Coded quote from the Durable Medical Equipment (DME) provider.
  - Detailed written order
- If a referral/order for an adaptive safety bed is sent to HSCSN directly by a physician/nurse practitioner, HSCSN will refer the enrollee to the Children's National Rehabilitation & Specialized Care (RSC) Assistive Technology Clinic for evaluation.
- Documentation submitted needs to include the following:
  - Detailed evaluation of the enrollee including disability, cognitive impairments, motor impairments, communication impairments, and any behavioral concerns.
  - Explanation of why a standard bed cannot meet the needs of the enrollee.
  - Rationale for an adaptive safety bed and the specific equipment that was recommended.
- Authorization request for specific equipment must come from an in-network DME provider.

#### II. Medical Necessity Criteria for Adaptive Safety Beds

- Age: The enrollee must be under 21 years of age.
- Diagnosis: The enrollee must have a diagnosis established by a qualified healthcare professional which causes disability and the need for an adaptive safety bed.
- Referral: The enrollee must be referred for an adaptive (safety) bed by a treating physician/nurse practitioner.
  - The referral and/or letter of medical necessity must include the diagnosis most relevant to the need for an adaptive safety bed.
- Evaluation: The enrollee must be evaluated by a licensed physical or occupational therapist who recommends an adaptive safety bed. The enrollee must also be evaluated by an Assistive Technology Professional (ATP) to aid in making specific recommendations regarding an adaptive bed or alternative DME.
- DME: The recommended equipment must meet the definition of durable medical equipment.
- Rationale for the equipment recommended: A written statement must be submitted that provides a detailed assessment of the enrollee, reasons why a standard bed cannot meet the enrollee's needs, and a rationale for recommending the specific equipment requested.
  - The document should include the enrollee's diagnoses, and a description of the level of function, cognitive skills, communications, skills (including ability to follow directions), and behavior. It should detail why a standard bed is not safe (risks), what has been tried, needs not being met, and how the recommended equipment will address the needs.
  - There should be a reasonable expectation that the recommended DME will significantly improve the enrollee's safety and/or improve the enrollee's ability to perform activities of daily living (ADLs).

#### III. Reference Information

- HSCSN Policy UM\_10 Medical Necessity Criteria Development, Evaluation, and Approval
- HSCSN Policy UM\_17 Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies: Management and Oversight
- EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, Centers for Medicare & Medicaid, June 2014.

**For more information, visit [hscsnhealthplan.org](https://hscsnhealthplan.org).  
For reasonable accommodation, please call (202) 467-2737**

**ENGLISH**

If you do not speak and/or read English, please call (202) 467-2737.  
A representative will assist you.

**SPANISH**

Si no habla ni lee inglés, llame al (202) 467-2737. Un representante lo asistirá.

**VIETNAMESE**

Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi (202) 467-2737.  
Một người đại diện sẽ hỗ trợ quý vị.'

**AMHARIC**

እንግሊዘኛ መናገር/ወይም ማንበብ ካልቻሉ፣ እባክዎ በዚህ ስልክ ቁጥር (202) 467-2737.  
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**KOREAN**

영어를 구사하지 못하시거나 읽지 못하는 경우, (202) 467-2737.  
중에 연락해 주십시오. 상담원이 도움을 드릴 것입니다.

**FRENCH**

Si vous ne parlez pas et / ou ne lisez pas l'anglais, appelez le (202) 467-2737.  
Un représentant vous aidera.

**ARABIC**

الممثلين أحد. (202) 467-2737 برقم الاتصال فيرجى، الإنجليزية تقرأ أو/و تتحدث لا كنت إذا

**MANDARIN**

如果您不会说和/或读英语，请致电(202) 467-2737。我们的服务代表将为您提供协助。

**RUSSIAN**

Если вы не говорите и / или не читаете по-английски, звоните по телефону

**BURMESE**

သငျသညျအင်္ဂလိပ်စကားပြောနှင့် / သို့မဟုတ်စာမဖတ်ကြဘူးဆိုရလျှင်, (202) 467-2737.  
ကိုခေါ်ပါ။ တစ်ဦးကကိုယ်စားလှယ်သင်ကူညီကြလိမ့်မည်.

**CANTONESE**

如果您不會說和/或讀英語，請致電 (202) 467-2737。我們的服務代表將為您提供協助。

## FARSI

اگر انگلیسی صحبت نمی کنید/نمی خوانید، لطفاً بین ساعات  
با شمار هتماس بگیرید. یکی از نمایندگان ما به شما کمک خواهد کرد

## POLISH

Osoby, które nie potrafią mówić lub czytać po angielsku, mogą zadzwonić na numer (202) 467-2737.  
aby skorzystać z pomocy konsultanta.

## PORTUGUESE

Caso você não fale/leia em inglês, ligue para (202) 467-2737. Um representante o ajudará.

## PUNJABI

ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਬੋਲਦੇ ਅਤੇ/ਜਾਂ ਪੜ੍ਹਦੇ ਨਹੀਂ, ਕਰਪਾ ਕਰਕੇ ਦੇ ਕਿਚਕ ਰ (202) 467-2737  
ਉੱਤੇ ਕਲ ਕਰੋ। ਇੱਕ ਪਰਤੀਨਿਧ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

## HAITIAN CREOLE

Si ou pa pale ak/oswa li Angle, tanpri rele (202) 467-2737. Yon reprezantan ap ede w.

## HINDI

यदि आप अंग्रेज़ी बोलते और/या पढ़ते नहीं, कृपया 8 a.m.-6 p.m. के बीच (202) 467-2737  
पर कॉल करें। एक प्रतिनिध आपकी सहायता करेगा।

## SOMALI

Haddii aadan ku hadlin iyo/ama qorin luuqada Ingiriiska, fadlan wac lambarkan (202) 467-2737.  
wakiil ayaa ku caawin doona.

## HMONG

Yog tias koj tsis hais thiab/lossis nyeem tau Lus As Kiv, thov hu rau (202) 467-2737.  
Ib tug neeg sawv cev yuav pab tau koj.

## ITALIAN

Se ha difficoltà a parlare e/o leggere la lingua inglese, chiami il numero (202) 467-2737.  
Un rappresentante le presterà assistenza.

## TAGALOG

Kung hindi ka nakakapagsalita at/o nakakapagbasa ng Ingles, pakitawagan ang (202) 467-2737.  
May kinatawan na tutulong sa iyo.

## JAPANESE

(202) 467-2737 までお電話ください。担当者があなたをサポートします。



GOVERNMENT OF THE  
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