Molina Clinical Policy
Enclosed Bed Systems (Safety Enclosure Frame/Canopy) for Hospital Beds
Policy No. 329

Last Approval: 10/14/2026
Next Review Due By: October 2027

DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment. Providers are solely responsible for the diagnosis, treatment, and clinical recommendations for the member. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (e.g., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage – each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. References included were accurate at the time of policy approval and publication.

OVERVIEW

An **enclosed bed system** is a specialized bed that has been manufactured or customized with additional protection and/or enclosure components. These beds can be fully or partially enclosed with zippered mesh panels or fabricated with wooden or metal side panels or side rails with interior padding, that may only be opened from the outside and may include other safety components. Enclosed beds or bed frames with protective components are used for individuals who are at risk from injuring themselves while in bed. An enclosed bed system is very restrictive, so use of the system with protective components should be considered only after all available and less restrictive alternatives have been unsuccessful in maintaining the safety of the individual. The ideal approach is to address the underlying medical and/or behavioral issues that increase the risk of harm. Protective or enclosure beds generally are medically necessary for individuals who are prone to harm from injury by exiting the bed unsafely and are unable to use a less intensive and restrictive alternative. The use of an enclosed bed and the risk of sensory deprivation must be part of the overall plan of care for a child or adult at risk for self-injury.

COVERAGE POLICY

Please check individual State Health Plan regulations and benefit contracts before applying this MCP. Coverage of enclosed bed systems may be applicable to individual State and Federal Health Plan Medicaid regulations and benefit contracts that supersede this policy

Protective or enclosure beds may be **considered medically necessary** for children and adults with a disease or medical condition that increases the risk of injury and/or makes them especially susceptible to harm from injury by exiting the bed unsafely and who are unable to use a less intensive alternative, when ALL the following criteria is met:

1. There is cognitive and communication impairment and ONE of the following conditions:
   a. Cerebral palsy (moderate to severe)
   b. Neurological disorders causing disorientation or vertigo
   c. Developmental delays
   d. Seizure disorder (daily)
   e. Severe behavioral disorder
   f. Traumatic brain injury (TBI)
   g. Uncontrolled perpetual movement related to diagnosis

2. Submission of medical necessity documentation, including ALL the following:
   a. Age of member
   b. Description of medical condition and clinical need for a safety enclosure
   c. Evidence of proven safety risk including documentation of behavioral history involving unsafe mobility and history of injuries or risk that have occurred prior to this request

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d. Less intensive alternatives that have been tried and proven unsuccessful (e.g. bed rails, bed rail protectors, padding added to ordinary beds, mattress placed on floor, helmets, removal of all safety hazards, monitors, other child protection devices, medications to address seizures and/or correct behaviors; environmental, sensory and/or behavioral modifications)
e. Name and model of protective or enclosure bed with a valid HCPCS code (miscellaneous durable medical equipment [DME] codes, such as E1399 will not be accepted)
f. A home evaluation from a qualified occupational or physical therapist (or other clinician) that is comprehensive and specific to the individual that documents ALL the following:
    i. A comparative evaluation of various enclosed beds that explains the rationale and clinical need for the requested enclosed bed and components
    ii. Education to the caregivers regarding the use of the enclosed bed
    iii. Evaluation of trials of less restrictive strategies

Limitations and Exclusions

Enclosed bed systems are considered **not medically necessary** for ANY of the following:

1. Children who are under the age of 3
2. For adults with confusion or dementia
3. For caregiver need or convenience

DOCUMENTATION REQUIREMENTS: Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

CODING & BILLING INFORMATION

HCPCS (Healthcare Common Procedure Coding System)

Code	Description
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
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E1399	Durable medical equipment, miscellaneous [when specified as a canopy bed or part of an enclosed bed]

CODING DISCLAIMER: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

APPROVAL HISTORY

10/14/2026	Policy reviewed. No changes to coverage criteria.
10/08/2025	Policy reviewed. No changes to coverage criteria.
10/09/2024	Policy reviewed. No changes to coverage criteria. IRO Peer Review on August 6, 2024, by a practicing physician board-certified in Physical Medicine and Rehabilitation.
10/12/2023	Policy reviewed. No changes to coverage criteria.
10/12/2022	Policy reviewed. No changes to coverage criteria.

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10/13/2021	Policy reviewed. No changes to coverage criteria.
09/16/2020	Policy reviewed. No changes to coverage criteria.
09/18/2019	Policy reviewed. No changes to coverage criteria.
12/19/2018	New policy. AMR Peer Review on September 13, 2018, by a practicing, board-certified physician with a specialty in Pain Management and Physical Medicine and Rehabilitation.

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS). Medicare coverage database. National coverage determination – Hospital beds (280.7). Accessed August 27, 2026. https://www.cms.gov/medicare-coverage-database/search.aspx
2. Centers for Medicare and Medicaid Services (CMS). Medicare coverage database. Local coverage determination (LCD) – Hospital beds and accessories (L33820). Effective January 1, 2020. Accessed August 27, 2026. https://www.cms.gov/medicare-coverage-database/search.aspx

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