



Clearance Memorandum

From: Maureen M. Corcoran, Director
To: Ohio Department of Medicaid Clearance Reviewers
Subject: Adoption of New Ohio Administrative Code Rule 5160-10-37

New rule 5160-10-37 of the Ohio Administrative Code, "DMEPOS: enclosed beds," sets forth coverage and payment policies for items that meet its definition of 'enclosed bed'.

Additional Information

Questions pertaining to this Clearance package should be sent to Rules@Medicaid.Ohio.gov.

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5160-10-37

DMEPOS: enclosed beds.

(A) Definitions and explanations.

(1) "Enclosed bed," for purposes of this rule, is a frame bed with integrated rigid side rails or panels extending around the entire perimeter. It is intended that the height of the rails or panels will prevent falls and injuries and that the minimal clearance between the mattress and the rails or panels (compliant with United States food and drug administration standards) will prevent the entrapment of a body part.

(a) An enclosed bed may include a mechanism to raise, lower, or otherwise position the mattress, but such a mechanism is not a defining feature of an enclosed bed.

(b) An enclosed bed may be constructed such that a protective canopy can be stretched over the top and attached directly to the protective rails or panels to create a completely closed space.

(2) Even if they include side rails or panels, the following items are not enclosed beds:

(a) A bed, youth bed, or crib manufactured and offered for sale commercially as household furniture;

(b) An institutional bed intended for use in a congregate setting (e.g., bunkhouse, prison);

(c) A lounge bed;

(d) A bed that can be transformed into the shape of a chair, rotated, or both for ease of ingress or egress;

(e) A tent or tent-like structure constructed primarily of fabric or mesh;

(f) A bed equipped with integrated protective panels constructed of fabric or mesh without a rigid framework; and

(g) A bed for which protective rails or panels are add-on accessories.

(B) Coverage.

(1) Careless use of an enclosed bed can result in unsupervised restraint, sensory deprivation, and overuse. Payment for the purchase of an enclosed bed is therefore always subject to prior authorization (PA). The default certificate of medical necessity (CMN) is form ODM 1XXXX, "Certificate of Medical Necessity: Enclosed Beds" (XX/202X). A PA request comprises at least the following components:

(a) Identification of the individual who would use the enclosed bed, including current age, height, and weight;

(b) A specific description of the problem or functional need to be addressed, including an explanation of why there exists a significant probability of injury (not just a possibility of injury);

(c) Identification of the enclosed bed and a concise explanation of how it addresses the problem or functional need;

(d) A succinct description—verified by the prescriber and the individual, a family member, or a caregiver—of other, less costly means that were tried or considered, alone or in combination, and how they do not adequately address the problem or functional need satisfactorily, including but not limited to any relevant examples from the following non-exhaustive list:

(i) Installing portable side rails on a standard bed;

(ii) Using a hospital bed;

(iii) Tucking blankets, pillows, or bolsters between the mattress and side rails on a standard bed or hospital bed;

(iv) Placing a mattress or futon on the floor;

(v) Removing safety hazards from the area;

(vi) Using chest restraints;

(vii) Using a protective helmet;

(viii) Using an electronic monitoring system;

(ix) Employing behavior modification strategies; or

(x) Administering medication;

- (e) If no alternative means were tried, a rationale given by the prescriber to explain why no attempt was made;
- (f) Attestation, with explanation as appropriate, that the room or area in which the enclosed bed is to be placed can accommodate it without impeding its function;
- (g) Documentation that the family or caregiver is willing and able to manage and maintain the enclosed bed safely and appropriately;
- (h) A detailed monitoring plan approved by the prescriber and all treating healthcare practitioners that includes, at minimum, the following information:

 - (i) The timeframes or situations in which the enclosed bed will be used;
 - (ii) How the individual will be monitored;
 - (iii) Specific time intervals for monitoring;
 - (iv) An explanation of how the individual's needs will be met while the individual is in the enclosed bed, including but not limited to the following examples:

 - (a) Nutrition;
 - (b) Hydration;
 - (c) Skin care;
 - (d) Toileting;
 - (e) Management of medical conditions; and
 - (f) General safety; and
 - (v) Identification of all persons, including relationship to the individual, who will be providing care and monitoring.

(2) A diagnosis alone does not establish medical necessity.

(C) Constraints and limitations.

- (1) A request for an enclosed bed will not be approved under any of the following circumstances:

- (a) A regular bed or a hospital bed, with or without adaptation, can meet the needs of the individual;
- (b) Planned monitoring includes electronic surveillance that is not accessible to the caregiver at all times or is left unattended for periods of time significantly longer than short breaks; or
- (c) The enclosed bed is used for any of the following purposes:
 - (i) Caregiver convenience;
 - (ii) Calming or soothing but not prevention of physical injury;
 - (iii) Behavior therapy;
 - (iv) Physical restraint or confinement;
 - (v) Prevention only of wandering or elopement; or
 - (vi) A substitute for appropriate caregiver supervision.
- (2) Separate payment will not be made for an accessory or modification that is directly related to physical safety or duplicates a safety function of an enclosed bed.
- (3) Separate coverage of accessories or modifications intended for purposes other than physical safety (e.g., diagnosis or treatment of a sleep disorder, neurological disorder, or behavior disorder) may be requested, as appropriate, through the PA process.
- (4) The addition of a protective canopy is presumed to be contraindicated. Payment can be made for such a canopy only if the benefit is shown to outweigh the inherent risk.
- (5) The prescriber who signs the CMN cannot be directly employed by or have a direct financial relationship with the provider of the enclosed bed.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5164.02

CERTIFICATE OF MEDICAL NECESSITY: ENCLOSED BEDS

Identifying Information [This section may be completed by the provider.]

Individual		Prescriber	Evaluator (if applicable)	Provider
Name		Name	Name	Name
Medicaid ID number		Medicaid provider number	Medicaid provider number	Medicaid provider number
Date of birth		NPI	NPI	NPI
Height (in.)	Weight (lbs.)	Telephone number		
Address*		*Note: Provision of or payment for equipment and supplies used by a resident of a long-term care facility (LTCF) is the responsibility of the LTCF.		
City				
State	ZIP Code			

Certification [This section may be transcribed by the provider.]

Provide all information that applies.

Diagnosis code(s)
<i>The purpose of an enclosed bed is to prevent physical injury. Payment will not be made for an enclosed bed whose primary function is to prevent wandering or elopement or to foster a sense of calmness, emotional security, or well-being.</i>
What is the specific problem or functional need to be addressed?
In what way is there a significant probability (not just a possibility) of injury?
What is the make/brand and model of the enclosed bed being requested?
How does it address the problem or functional need?

False certification constitutes Medicaid fraud.

Is the family or caregiver willing and able to manage and maintain the enclosed bed safely and appropriately? Yes No

This information is attached in another format.

Explain the monitoring plan approved by the prescriber and all treating healthcare practitioners.

What are the timeframes or situations in which the enclosed bed will be used?

How will the individual be monitored?

What are the specific time intervals for monitoring?

How will the individual's needs be met while the individual is in the enclosed bed?

- Nutrition
- Hydration
- Skin care
- Toileting
- Management of medical conditions
- General safety

Who will be providing care and monitoring, and what are their relationships to the individual?

This information is attached in another format.

Attestation [This section must be completed by the appropriate practitioner(s)]

<i>I hereby attest that the certification information above is true, correct, and complete.</i>	
Signature of evaluating practitioner <i>(if applicable)</i>	Date of signature
Signature of prescriber	Date of signature

False certification constitutes Medicaid fraud.