# Driscoll Health Plan
# Medical Necessity Guideline

| Medical Necessity Guideline: | Creation Date: | Review Date: | Effective Date: |
|---|---|---|---|
| Specialty Hospital Beds (Safety, Automated Rotation Beds, Technology Hubs) | 07/01/2026 | 07/31/2026 | 08/26/2026 |

## PURPOSE:

To establish the authorization criteria for specialty hospital beds, specialty sleep surfaces, and related accessories that are not considered standard hospital beds or cribs.

## DEFINITIONS:

Automated Lateral Rotation Bed: Electric hospital bed, programmed for continuous repositioning along the longitudinal body axis for pressure redistribution and postural drainage of the lung fields

Durable Medical Equipment (DME): Medical equipment or appliances that are manufactured to withstand repeated use, ordered by a physician or allowed practitioner for use in the home, and required to correct or ameliorate a client's disability, condition, or illness.

Electronic Sensory and Monitoring Device: Device integrated into the bed frame or added to the bed for audio-visual remote monitoring of the bed occupant, with bed environment controls (lighting, sounds). Aliases: Technology Hub, Dream Hub.

Enclosed Canopy Safety Bed: Full enclosure surrounding a mattress inclusive of a mesh canopy (ceiling and 4 sides), designed to prevent the occupant from leaving the space/bed unsupervised. The safety bed may have the head of the bed elevation.

Sensory Regulating Pod Bed: A solid enclosure bed with controlled sensory environment (lighting, white noise, temperature regulation) and optional locking solid doors / side panel. Alias: zPod.

## GUIDELINE:

This guideline is intended to establish the criteria and process for determining the medical necessity of specialty sleep surfaces (beds) for pediatric patients with specific medical needs that cannot be adequately addressed through the use of standard hospital beds or cribs. The guideline is informed by current evidence, professional standards, clinical effectiveness data, and





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established best practices to support utilization management coverage determinations. It is designed to serve as a supplement to, and not a replacement for, the clinical judgment and expert opinion of qualified healthcare professionals.

## PRIOR AUTHORIZATION AND DOCUMENTATION REQUIREMENTS:

- In accordance with the Texas Medicaid Provider Procedures Manual (TMPPM), all requested DME must meet the definition of medical necessity and comply with Texas Medicaid coverage requirements.
- Prior authorization may be considered only when ALL the following criteria are met: [1]
    - The requested equipment is ordered by a physician or an allowed practitioner acting within the scope of practice.
    - The equipment is medically necessary to correct or ameliorate a Medicaid-eligible medical condition or functional disability, as defined by Texas Medicaid.
    - The equipment is not primarily for convenience, environmental control, behavioral management without a medical basis, or caregiver relief. [2]
    - The member's condition is such that, without the requested equipment, the member's health, safety, or functional status would be at significant risk of deterioration.
    - The requested equipment is safe for use in the home setting and appropriate for the member's age, size, and clinical condition.
    - The requested equipment has either (a) a well-established history of efficacy for the requested indication OR (b) sufficient, credible, peer-reviewed evidence demonstrating clinical benefit.
- Prior authorization may be denied when the requested equipment does not meet Texas Medicaid DME requirements or accepted standards for medical necessity, including but not limited to the following: [1, 2]
    - Experimental or investigational
    - Not primarily medical in nature
    - Duplicative of existing equipment
    - Replaceable by a commercially available non-medical product that adequately meets the need
- Device-specific information and criteria for approval:
    - **Automated Lateral Rotation Beds:** Current evidence regarding automated lateral rotation beds is primarily limited to short-term use in acute care settings, particularly among mechanically ventilated or critically ill patients. Available evidence does not demonstrate consistent or clinically significant improvement in





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mortality, length of stay, or long-term outcomes, and there is insufficient evidence supporting extended or home use for chronic conditions. [3-6] Accordingly, requests for home use require heightened medical necessity review.

- Approval is not guaranteed and will be determined on a case-by-case basis. Referrals must be made by a neurologist or qualified rehabilitation specialist and supported by a Letter of Medical Necessity. Clinical documentation must include (at the minimum):
  - Documentation that the member is immobile and requires ongoing caregiver-assisted repositioning
  - A description of the current nursing, skin care, and wound care management plan
  - Documentation that standard repositioning protocols and Group 2 or Group 3 support surfaces have been trialed and were ineffective, or are clinically contraindicated
  - A documented history of non-healing, recurrent, complicated, or persistent Stage III or Stage IV pressure injuries.
  - Documentation of treatment failure or clinical instability despite appropriate conventional therapies
  - Documentation demonstrating that the requested bed is expected to provide a distinct medical benefit that cannot be achieved through less intensive, covered alternatives
  - Documentation of any unique clinical circumstances that may warrant consideration of this type of bed, such as a lifelong requirement for caregiver-assisted repositioning at least every two hours to prevent skin breakdown or other significant medical complications.

- **Electronic Sensory and Monitoring Device (stand alone or as a component of a safety bed):** Electronic monitoring devices may be considered for coverage only when they meet the definition of DME and are primarily medical in nature. Devices intended primarily for general supervision, environmental control, behavioral management and caregiver reassurance are not considered medically necessary and are not covered. Environmental and sensory modulation features (e.g., lighting, sound, temperature control) are not considered DME unless specifically prescribed to treat a documented medical condition and supported by evidence of clinical efficacy.
  - Prior authorization requires documentation demonstrating that:
    - There is a medical diagnosis (by an appropriate specialist) making the item medically necessary





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- The device is necessary to detect or prevent clinically significant adverse medical events (e.g., seizures, respiratory compromise)
- The requested device provides medically necessary monitoring beyond what can be achieved through routine caregiver observation or standard consumer devices
- The device is appropriate for the member's condition and supported by credible clinical evidence or accepted standards of care

- **Enclosed Canopy Safety Beds:** Enclosed canopy safety beds may be considered only when required to prevent serious injury due to a documented medical condition associated with impaired safety awareness or uncontrolled movements. Requests will be denied if the primary purpose is behavioral control without medical necessity, supervision convenience, or environmental containment without documented risk of injury. These devices must not be used as restraints, consistent with federal and state regulations.
  - Medical necessity will be evaluated on a case-by-case basis and must be supported by clinical documentation that includes the following:
    - Objective documentation of imminent risk of harm (e.g., falls, elopement, injury during seizures)
    - Evidence that less restrictive alternatives have been ineffective, contraindicated, or insufficient

- **Sensory Regulating Pod Bed:** At this time, there is no identified peer-reviewed clinical evidence evaluating the safety or efficacy of sensory regulating pod beds, including products marketed as "zPods," for the treatment of autism spectrum disorder, sensory processing disorders, sleep disturbance, or elopement risk. Available literature on elopement prevention and sensory interventions does not include enclosed pod-style beds as an evidence-based or recommended intervention. [7-13] The American Academy of Pediatrics (AAP) and other recognized clinical authorities do not identify pod beds as a medically necessary or standard therapeutic modality for these conditions. [9] These products are marketed primarily for general wellness, environmental control, or occupational use, and do not meet the Texas Medicaid definition of durable medical equipment because they lack established evidence demonstrating that they correct or ameliorate a Medicaid-eligible medical condition. [1, 2, 9, 13] Therefore, sensory pod beds are considered investigational, not primarily medical in nature and not covered under Texas Medicaid DME guidelines. Requests for these devices will be denied unless compelling, case-specific clinical evidence is submitted





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demonstrating that the equipment meets all Texas Medicaid criteria for medical necessity and cannot be substituted with a covered alternative. [1]

- Please refer to the current Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook for guidance regarding all other types of beds and sleep surfaces, including rental, replacement, and non-covered items.

- **Documentation Requirements:** The following documentation must be submitted for members birth through 20 years of age:
  - A completed Home Health Services (Title XIX) Durable Medical Equipment (DME) or Medical Supplies Physician Order Form, Texas Standard Prior Authorization Form, or equivalent written prescription for the requested device and accessories. The order must be signed and dated by a physician following completion of the DME evaluation. The physician's signature and date must be current and no more than 90 days prior to the date of the prior authorization request. The submitted form or order must include the member's name, Medicaid identification number, date of birth, requesting provider name, National Provider Identifier (NPI), start and end dates of service (if applicable), Healthcare Common Procedure Coding System (HCPCS) codes, and quantities for all requested items.
  - Documentation from an appropriate specialist supporting the need for the requested item based on the member's medical condition(s) and associated risk profile.
  - Documentation of the member's diagnosis, medical needs, current treatments, developmental status, and functional abilities. A diagnosis alone is insufficient to support prior authorization of the requested equipment.
  - The member's age, height/length, and weight.
  - A description of previously utilized devices or interventions, including duration of use and clinical rationale for discontinuation or determination of ineffectiveness.
  - A clear explanation of how the requested equipment will correct or ameliorate the member's condition beyond what can be achieved with a standard crib, toddler bed, conventional bed, or standard hospital bed/crib.
  - The manufacturer's name and the manufacturer's suggested retail price (MSRP), when available.
  - Applicable Healthcare Common Procedure Coding System (HCPCS) codes.
  - Documentation of the serial number and date of purchase of any previously issued bed or comparable equipment, if applicable.





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## BACKGROUND:

Automated Lateral Rotation Beds:
Current evidence supports frequent repositioning, appropriate hygiene, moisture management, and the use of pressure-redistributing mattresses and support surfaces to help prevent pressure injuries. [14-16] Automated lateral rotation (kinetic) beds are one type of therapeutic support surface; however, evidence evaluating these devices is limited primarily to short-term use in critically ill, mechanically ventilated patients in acute care settings. [3-6] Routine skin assessment and repositioning remain important components of care.

Systematic reviews suggest a potential reduction in ventilator-associated pneumonia, although findings are inconsistent and limited by study heterogeneity and methodological quality. [4-6] Studies have not demonstrated significant improvements in mortality, duration of mechanical ventilation, intensive care unit length of stay, or hospital length of stay. Consequently, evidence is insufficient to support definitive recommendations for the routine use of kinetic bed therapy.

Although therapeutic support surfaces have been studied for many years, there is little to no evidence evaluating the long-term, in-home use of automated lateral rotation beds for the management of chronic medical conditions. Available evidence suggests that any potential benefits are limited to selected hospitalized patients during acute illness. [3-6] Published research provides limited evidence supporting specific *bed-frame features*, although certain components (e.g., head-of-bed elevation and pressure redistribution surfaces) have demonstrated benefit in selected populations.

Electronic Sensory and Monitoring Devices, Enclosed Canopy Safety Beds & Sensory Regulating Pod Beds:
Elopement, wandering, and sensory processing difficulties are common among children with autism spectrum disorder (ASD) and other developmental disabilities. Elopement is associated with significant safety risks, including injury, drowning, and exposure to environmental hazards, as well as increased caregiver burden. [10-12] The American Academy of Pediatrics recommends that management focus on identifying contributing factors and implementing behavioral interventions, caregiver education, environmental modifications, and safety planning. [9] Common environmental strategies include locks, alarms, fencing, and other measures intended to prevent unauthorized exits and improve supervision. [7-9, 12]

Pod-style enclosed beds, including products marketed for individuals with ASD or sensory processing difficulties, are intended to provide a controlled sleeping environment and may reduce sensory stimulation. A review of the literature did not identify any peer-reviewed studies evaluating pod-style enclosed beds as an intervention for elopement or safety outcomes. [7-12]





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Available research has focused primarily on behavioral interventions, caregiver training, and environmental safety measures rather than specialized bed systems.

Sensory processing challenges are also common in individuals with ASD, and sensory-based interventions have been proposed to address behavioral dysregulation. However, systematic reviews and clinical guidance indicate that evidence for sensory-based interventions is limited, heterogeneous, and generally of low quality, with insufficient data to demonstrate consistent or sustained clinical benefit. [9, 13]

Interventions involving sensory stimulation systems, including controlled visual and auditory input such as multisensory environments, specialized lighting, sound modulation, and related devices, have not demonstrated consistent or durable improvements in behavioral outcomes, communication, adaptive functioning, or core ASD symptoms.[9,13] Auditory-based interventions (e.g., auditory integration training and sound-filtering programs) and environmental sensory stimulation approaches have not been shown to produce reliable, clinically meaningful improvements. [9,13] Reported effects are generally short-term, subjective, and not consistently replicated in controlled studies. [13]

Overall, there is no direct evidence supporting pod-style enclosed beds, and broader sensory-based interventions have limited and inconsistent evidence, without clear evidence of meaningful improvements in safety, behavior, or quality of life. [7-13] In the absence of established evidence of clinical benefit, these interventions do not satisfy generally accepted principles used to determine medical necessity for pediatric health care services. [2]

## PROVIDER CLAIMS CODES:

| CPT Code | De] Inion |
|---|---|
| A9900 | Miscellaneous addition to other DME |
| E0250 | Fixed height hospital bed |
| E0255 | Variable height hospital bed |
| E0260 | Semi-electric hospital bed |
| E0316 | Safety enclosure frame/canopy |
| E0328 | Manual pediatric hospital bed |
| E0329 | Semi-electric pediatric hospital bed |
| E0329 | Fully electric pediatric hospital bed |
| E1399 | Miscellaneous medical equipment |





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## DOCUMENT HISTORY:

| DHP Committee that Approved | *Review Approval Date (last 5 years)* | | | | |
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| Medical Director | 08/12/2026 | | | | |
| CMO | 08/12/2026 | | | | |
| Medical Policy Workgroup | 08/12/2026 | | | | |
| Provider Advisory Committee (PAC) | 08/26/2026 | | | | |
| Clinical Management Committee | 08/14/2026 | | | | |





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| Executive Quality Committee | 08/26/2026 | | | | |

| ***Document Owner*** | ***Organization*** | ***Department*** |
|---|---|---|
| Dr. Dan Doucet, Medical Director | Driscoll Health Plan | Utilization Management |

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