Reimbursement Policy Statement Kentucky Medicaid				
Original Issue Date		11/03/2026		
Policy Number		[Aetna-3379]		
Policy Name		Safety Beds and Enclosure Bed Systems		
Policy Type				
Medical	Administrative	Pharmacy		**Reimbursement**

Aetna Better Health of Kentucky reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.
In addition to this Policy, reimbursement of rendered services is subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Kentucky Department for Medicaid Services and the Centers for Medicare and Medicaid Services (CMS).
This policy does not ensure either an authorization or reimbursement of services or product. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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A. Policy

Aetna Better Health of Kentucky (ABHKY) implements comprehensive and robust policies to ensure alignment with Kentucky Department for Medicaid Services (DMS) and to warrant that regulatory and contractual standards are met.

ABHKY considers stand-alone safety beds and enclosure bed systems non-covered safety items. These products are not hospital beds or hospital bed accessories and do not meet the definition of covered durable medical equipment (DME).

B. Overview

Safety beds and enclosure bed systems are designed to contain or protect an individual and may be requested to address climbing, wandering, nocturnal roaming, falls, unsafe bed exit, or injury concerns. Stand-alone safety beds or enclosure bed systems are non-covered safety items rather than hospital beds or hospital bed accessories.

This policy does not apply to a hospital bed, pediatric hospital crib, or safety enclosure frame/canopy that is integral to or functions as an accessory to a medically necessary hospital bed and is otherwise eligible for coverage under applicable benefit and policy requirements.

C. Definitions

Durable Medical Equipment (DME)	Equipment that can withstand repeated use and is primarily and customarily used to serve a medical purpose, is generally not useful in the absence of illness or injury, and is appropriate for use in the home.
Hospital Bed	A bed that provides medically necessary positioning or attachments that cannot be accommodated by an ordinary bed and meets applicable coverage criteria.

Safety Bed / Enclosure Bed System	A stand-alone bed or sleep system designed primarily to contain, monitor, or protect an individual. Examples include Cubby Bed or Cubby Plus, SleepSafe Bed, Abrams Safety Sleeper, Courtney Bed, Beds by George Dream or Haven series, Safe Haven, Posey Bed Enclosure System, and substantially similar products.
Safety Enclosure Accessory	A frame, canopy, or enclosure that is integral to or used as an accessory to a medically necessary hospital bed. This is distinct from a stand-alone safety bed system.

D. Reimbursement Guidelines

- Stand-alone safety beds and enclosure bed systems are non-covered safety items and are not eligible for reimbursement as hospital beds, hospital bed accessories, or covered DME.
- Examples include Abrams Safety Sleeper, Courtney Bed, Cubby Bed or Cubby Plus, Safe Haven, SleepSafe Bed, Beds by George Dream or Haven series, Posey Bed Enclosure System, and substantially similar products.
- Non-coverage applies to the base bed and components furnished with or for the non-covered system, including monitoring features, cameras, sensors, alarms, environmental controls, padding, canopies, rails, delivery, setup, repair, replacement, and upgrades.
- Use of HCPCS code E1399 or another miscellaneous or unlisted code does not establish coverage.
- A provider order, letter of medical necessity, prior authorization request, or supplier statement does not convert a non-covered safety item into a covered benefit.
- Safety beds requested solely or primarily to prevent nocturnal roaming, wandering, elopement, climbing, unsafe bed exit, falls, or caregiver burden remain non-covered.
- Pediatric hospital cribs and pediatric hospital beds that are not billed under E1399 are evaluated under applicable hospital bed criteria.
- Coding is informational only and does not guarantee authorization, coverage, or reimbursement.

G. Review/Revision Date

Action	Date	Comments
Date Issued	11/03/2026	Initial policy establishing stand-alone safety beds and enclosure bed systems as non-covered.
Effective Date	12/03/2026	

H. Resources

- **Aetna Clinical Policy Bulletin 0543 - Hospital Beds and Accessories**