

About Insurance

Below is a summary of our experience in dealing with requests for insurance and/or Medicaid financial assistance.

(Most of the beds that are sold are covered by insurance, both private and Medicaid).

Two basic requirements are necessary:

1) Letter of Medical Necessity.

2) Prescription from a doctor specifying the exact bed model and features. About Letters of Necessity:

In a letter of medical necessity, it must be clear that a SleepSafe bed addresses SPECIAL NEEDS. The key is to emphasize the clinical needs of the patient. It must be pointed out how his or her needs are not being met by the bed they are currently using. Once the failings or dangers of the current bed have been detailed, a SleepSafe™ Bed product can be prescribed in answer to the particular needs. We also believe it is important not to lead with a mention of a SleepSafe product, but rather wait until the 4th phase in the outline below.

A Basic Outline for a Letter of Necessity

1. Introduce the patient and how long she or he has been in the care of the doctor or facility. Describe his or her condition and detail the special needs that are a consequence of the condition (i.e. lack of control; no recognition of danger in rolling or falling out of bed; entanglement in side rails if a "hospital/institutional" bed is currently in use and the potential or documented injury as a result; potential of entrapment or suffocation due to the gaps around the mattress on either side or at the ends—especially the corners.)
2. Explain how the bed or crib currently being used fails to protect the patient and the consequence of falling will result in bodily harm. Include, if applicable, how the patient has the capacity to climb.
3. Perhaps address the psychological issues regarding the importance to see out and be seen/acknowledged, and/or not be trapped in a bed with an enclosure over the top.
4. Recommend the bed model that addresses each of the concerns—with specific requirements such as full safety rails, or specific height required for safety (where the double safety rail and mattress height adjustability of the SleepSafer model would accommodate the needs), or the necessity of articulation to raise the head or feet of the patient in order to feed, medicate, or provide mobility.
5. The imperative that the specific needs be addressed and prescribe the appropriate model (SleepSafe, Sleep Safe Plus, Sleep Safe HiLo, Sleep Safe 2, Sleep Safe 2 Plus, Sleep Safe 2 Hi Lo, SleepSafer, SleepSafer Plus, Sleep Safer Hi Lo, SleepSafe 2 Youth Bed or Sleep Safer Youth).

**Visit the web to view "[Hospital Bed System Dimensional & Assessment Guidance to Reduce Entrapment - Guidance for Industry and FDA Staff](#)" (published 3/06)*

SleepSafe Beds patented design exceed these new safety guidelines, virtually eliminating entrapment issues

EXAMPLE LETTER #1 OF MEDICAL NECESSITY

The following example *letter of medical necessity* and advice are only intended to *assist* you in writing your own letter to aid in securing funding for medical equipment. It is in no way implied that if you use this example you will be granted funding for medical equipment. Our only intention is to share information that we have gathered in the past and used by other clients.

The funding agencies that would be in charge of compensation for such medical items, such as your insurance company or a private philanthropic organization, almost always demand a letter of medical necessity from a therapist (physical, occupational, or otherwise) or from a physician to prove your claim that your child's medical equipment was necessary to his successful treatment. The claim or appeal will be likely be refused if you do not include a letter of medical necessity which includes a detailed explanation of the condition or disability that makes the equipment a necessity for your loved one.

It is possible that your particular physician may not fully be acquainted with the rules of your insurance company which will affect whether or not you are reimbursed for your child's medical equipment. (Each insurance company or state may have slightly different rules.) To be on the safe side, educate yourself on the rules so that you can be a better advocate for your family. You should become familiar with the bare minimum of information that needs to be included in a letter of medical necessity. Otherwise, the letter may contain insufficient information, which may lead to the funding agency denying your claim.

The following is an example of a thorough and professional letter of medical necessity taken from Dr. Freeman Miller's Cerebral Palsy: A Complete Guide for Care giving. If you prefer, you can take a copy of this letter to the physician who is writing your child's letter of medical necessity, and ask that he or she adhere to the example letter below.

“To Whom It May Concern (or, better, to a specific employee of the funding agency):

John Smith is a 5-year-old male with a primary diagnosis of cerebral palsy. He was seen at the Seating Clinic at the John Doe Institute in Anywhere, USA, on June 23, 2007, for the prescription of a bed system to meet his resting needs.

John presents with the following: generally decreased tone in upper and lower extremities, and fair head and trunk control. He is dependent in transfers and mobility. He is cognitively severely delayed. He is incontinent in bowel/bladder. He has frequent respiratory complications and is subject to bronchitis and pneumonia, and he receives chest therapy. He occasionally aspirates, he has increased skin sensitivity, and he has seizures, but they're generally under control with his medication. He must have safe sleeping environment to eliminate the danger of falls and entrapment with appropriate positioning to provide safety and support, and to facilitate safe sleeping, breathing and feeding.

His current bed is a _____ that is three years old. It no longer meets his bedding needs because he has outgrown it, and it poses safety concerns because _____.

The goals for John's sleeping and resting is to provide a safe sleeping environment where falls and entrapment no longer pose a threat for harm and to foster a comfortable rest, maintain posture, provide comfort, and enhance function. Upon evaluation, _____ has recommended that the following equipment be prescribed for John:

(Be very specific in the bed model, size, and specific safety features)

the following example is for a wheel chair...rewrite this section to detail all of the specific features of the recommended bed system....for example...the Sleep Safe 2 Plus model is prescribed because it offers 22 inches of safety rail height protection above the mattress, eliminating the risk of a fall when he is in a sitting position. The "plus" model frame is prescribed because he is dependant on tube feedings and his head must be elevated during this time....etc)

The _____ (is prescribed because it is a manual wheelchair for total positioning, and because he is dependent in mobility. The tilt is needed because he is hypotonic in head and trunk. He also has difficulty breathing, and it will help aid in feeding. It will help with low endurance and pressure relief, and it will control seizure reaction. The adjustable height arms are needed to support tray at right height, for upper body support and balance, and for ease of transfers. The I-back will bring side supports close to trunk, but insert will fit the full width of the wheelchair. The laterals will encourage midline trunk position, compensate for lack of trunk control, provide safety, and contour around trunk for better control. The chest harness is needed for safety in transport by providing anterior support, preventing forward flexion, and retracting shoulders. The headrest is needed for poor head control due to low tone, active flexion of head, posterior lateral support, safety in transfers, and to facilitate breathing. The clear tray is needed for functional surface for schoolwork, stimulation, upper arm and trunk support, inability to access tables, computer, and a base for augmentative communication devices. The shoe holders are needed to control increased extension or spasms in lower extremities, excessive internal rotation, and to prevent aggressive behavior for safety. The anti-tippers are needed for safety.

Should you have any questions regarding these recommendations, please do not hesitate to call me at (555) 555-5555. We hope that you will be able to accommodate these needs in an expedient manner. Thank you for your cooperation and assistance in this manner.

Sincerely,

John Doe, M.D.

Pediatric Orthopedic Surgeon"

Be sure to take note of when your child's letter was sent to the funding agency, and if three or four weeks pass without word from them, you might want to call the agency to inquire about the status of your claim. Always keep a record of when you call and with whom you speak to, and always try to remain calm and collected when dealing with the insurance company. If, however, you are unable to obtain a straightforward response as to when your claim will be processed, do not hesitate to enlist the help of your physician.

EXAMPLE LETTER #2 OF MEDICAL NECESSITY

To Whom It May Concern:

Dakotah Hughes is a 9 -year old girl with Aicardi Syndrome. She is completely non-ambulatory and requires 24-hour supervision. She is profoundly disabled both mentally and physically. Dakotah now has a need for a safer bed for sleeping at night and resting during the day.

Dakotah has seizures that occur at night when she is in bed and unable to be supervised. During these seizures her arms and legs flail outward hitting whatever surface is next to the bed. Her mother has reported that she had to nail foam to the wall (see attached picture) because Dakotah's knuckles were scraping against the wall during the seizures causing them to bleed. During these seizures, her body often shifts and her mother stated that she comes in many mornings to find one of Dakotah's legs hanging off the bed or caught between the bed and the wall (see attached pictures). Dakotah's current bed is not able to adequately protect her during a seizure and there is also a high probability that she could fall out of the bed. Due to her inability to speak, she cannot request help when/if these things occur.

Dakotah is already (state how tall she is) tall and will continue to grow. The twin size bed that she is currently using is not an adequate size bed for her in regards to width (especially during her seizures). (Due to the rapid and unpredictable, sometimes violent movement during seizures, it is necessary that she be in a larger bed, at least 48 inches wide) She will be safer and better protected from injury in a full-size bed. Dakotah also needs (a frame that allows mattress articulation to raise her head and/or feet to feed (via g-tube), administer daily medications, and provide positioning. She is not able to stay on pillows and needs to be slightly elevated at night to avoid her respiratory functions being compromised. She also needs the elevation to avoid reflux and aspiration.

The SleepSafe Plus full-size bed will give Dakotah all the safety features that she requires both physically and medically. The full-size mattress will help prevent bruising and injury to Dakotah since she will have more room between her body and the side rails. The full length, adaptable 10 inch safety rails will ensure that she does not fall out bed. The padded rails will protect her extremities during seizures. The mattress articulates to keep her head elevated. Her feet can also be slightly elevated to avoid her body sliding down. The design of this bed will also prevent entrapment of her extremities because there are no gaps between the mattress and side rails/headboard/footboard, even with compression.

EXAMPLE LETTER #3 OF MEDICAL NECESSITY

A skillfully drafted letter of medical necessity is an essential part of a request for funding for assistive technology. A letter of medical necessity, whether being submitted to the Department of Human Services, a private insurance company or other funding source, should contain the information needed to convince the reader that the requested assistive technology is necessary to meet the medical needs of the person for whom the assistive technology is being requested. This fact sheet is intended as a guide to preparing such a letter of medical necessity.

The letter of medical necessity should be written by a medical professional familiar with the requesting party's medical condition. The professional should briefly describe their credentials and relationship to the requesting party. This professional may be a physician, a nurse, a physical therapist, an occupational therapist or other medical professional. However, note that most funding sources require a physician's prescription as part of the funding request. Therefore, letters of medical necessity not written by a physician should be endorsed by a physician or accompanied by a physician's prescription.

ELEMENTS OF A LETTER OF MEDICAL NECESSITY

1. Disability Description - The letter should contain, usually at the beginning, a thorough description of the requesting party's disability. This description should include an explanation of how the disability affects the requesting party's function. For example, the affects of the disability on the use and function of the requesting party's legs. The disabling condition(s) and/or functional limitation(s) which necessitate the request for the assistive technology should be highlighted.

2. Assistive Technology Description - The assistive technology being requested should be described in some detail. A more thorough description is required when the requested technology is new, unique, customized or not frequently requested.

3. Assistive Technology Relationship to Medical Needs - The letter should explain how the requested assistive technology addresses the requesting party's medical needs or functional limitations. Generally in this context, a medical need is not a need to receive medical treatment. Rather, it is a need to compensate for a function which is limited as a result of a disability. For example, a requesting party has a medical need for a wheelchair to compensate for lost function in the lower extremities and to have a functional means of mobility.

4. Inability of Alternatives to Meet Medical Needs - Where there are alternatives, especially less expensive alternatives, available to meet the requesting party's medical needs, the letter should explain why these alternatives are not appropriate for the requesting party. Also, the specific features which make the requested technology the necessary and appropriate alternative should be identified.

5. Ability to Use Technology - The letter should detail the requesting party's ability to use the requested assistive technology. This is especially important when the technology is motorized, electronic or particularly sophisticated. For example, when a power wheelchair is being requested, the requesting party's ability to safely operate a power wheelchair should be noted. If there was a trial with the requested device the results of this trial should be summarized.

6. Requested Assistive Technology as Community Standard- The letter should justify and explain the requesting party's need for the assistive technology. This justification should be in terms of the community standard of practice by the medical professional's peer group. The medical professional should explain that it is the standard practice or current practice in their medical profession to provide the requested assistive technology to persons with the requesting party's disability.

The letter that follows is a sample letter of medical necessity. The numbers contained in the letter correspond to the numbered elements of a letter of medical necessity.

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The Minnesota Disability Law Center 430 First Avenue N., Suite 300 Minneapolis, MN 55401-1780 Toll Free Number: 1-800-292-4150
December 20, 1994

RE: Ms. Jane Doe
Clinic#: 4-124-109
DOB: 5/21/64

TO WHOM IT MAY CONCERN:

Ms. Jane Doe is a 30-year-old woman with C5-6 quadriplegia related to a motor vehicle accident in 1985. Despite her significant disabilities, she had been able to achieve independent living with the assistance of a personal care attendant. However, she continues to have difficulties with environmental controls within her home due to her impaired upper extremity function.

Due to Ms. Doe's high level of injury, she is unable to use her upper extremities to control her environment. She is in need of being provided with appropriate technology for permanent use. I recommend that a voice recognition system from Advanced Speech Interface Systems, Inc., be purchased and installed in Ms. Doe's present residence. This company has demonstrated their equipment to us and will be able to provide ongoing service of their product.

This system is medically necessary and is accepted among the medical community because it provides persons with C5-6 quadriplegia (like Ms. Doe) independent living to generate self-care and self-esteem as mandated under federal law. 6In order to maximize Ms. Doe's functional independence, an environmental control system is medically necessary. She would benefit from a voice-controlled system that allows her the ability to control many functions within her home such as opening doors to exit her residence in emergency situations such as a fire since she is currently unable to do this without the assistance of a personal care attendant. This system will also allow her to change the room temperature to prevent hypothermia since a person with C5-6 quadriplegia has difficulty maintaining a normal body temperature. In addition, it will provide her with the means to dial a phone by using voice commands in the event of an emergency. Because of her condition, this system will increase her functional capabilities and decrease her need and use for a personal care attendant.

Ms. Doe needs this system immediately. She is not going to recover nor regain any of her functional ability due to her disabling condition which occurred nine years ago. I recommend that this system be provided by Advanced Speech Interface Systems, Inc. This company has been in this field of expertise for ten years. They are a recognized medical assistance provider, and they are supported by the medical community. The system provided by Advanced Speech Interface Systems, Inc., will be customized to Ms. Doe's medical needs. Because this system will -be specifically catered towards her health needs, it represents an effective and appropriate use of program funds.

If you have any questions, please contact me.

SIGNED: _____

Philip Physician, M.D.

Physical Medicine and Rehabilitation Specialist