

### Client Candidate:

- Child or adult over the age of 2 with sleep disturbances or long periods of wakefulness
- Night wandering
- Seizures, uncontrolled body movements, rocking or head banging behaviors where they could be at risk for medical intervention using current sleep environment
- Significant fall risk due to repeated attempts to get out of bed or limited mobility issues.
- Cognitive impairment where they do not recognize their safety is at risk: such as PICA, dangerous behavior which could harm themselves or cause risk to others, eloping from the home.

### Why Choose The Safety Sleeper:

- Appeal of having the same environment for the child whether they are in their home or traveling.
- Ability to travel without fear of not having the equipment they need.
- Ability for parents with joint custody living in separate homes to both have a safe option for their child to sleep.
- Ability to choose model that works for a variety of individual needs for the user; added ability to customize dimensions or location of options if needed.
- Least costly alternative to the insurer or the family.

### HCPCS medical code:

E1399, miscellaneous

### FDA

Class I Medical Device  
Product Code: FNJ  
Registration # 3011389091

### CE Mark

Conformity to MDD 93/42/EEC as of 10/1/2016  
Certified in compliance with EN 12182:2012  
Assistive products for persons with disability as of 5/13/2019



**ALL MODELS COME WITH THE FOLLOWING ITEMS:**

- Two coverlets (zip-on sheets)
- Stabilizing straps
- Air mattress
- Travel case
- Color Options: Sail Blue, Heather Grey, Navy Blue, Hot Pink, Royal Purple

Below lists the options and models which they are available. Each have a purpose that can be justified for medical necessity:

| <b>Model Options/<br/>Accessories</b> | <b>Medical Necessity</b>  | <b>Models &amp; Sizes<br/>Available</b>   |
|---------------------------------------|---|---|
| Frame Pads                            | Client has seizures or self-injurious behavior requiring extra padding to prevent head injury during the night.   | All Models & sizes  |
| Side Entry                            | Standard Entry for access in and out of enclosed safety bed.  | Twin & Full 200<br>Twin & Full 300  |
| End of Bed Entry*                     | Client's home has confined space requiring this option to allow for easy entry and exit from the bed.   | Twin & Full 300<br>Queen<br><u>Upgrade for:</u><br>Twin & Full 200<br>Twin & Full 400 |
| Convertible Entry                     | Client requires one of the following: <ul style="list-style-type: none"> <li>• Caregivers need access from both sides of the enclosure for medical care</li> <li>• Lift system needed to get client in and out of the bed.</li> </ul>   | Twin & Full 400<br>Queen  |
| Access Points*                        | Client has one of the following: <ul style="list-style-type: none"> <li>• Feedings at night requiring ability to connect feeding tube</li> <li>• Requires ability to connect pulse/ox monitor during sleep cycle</li> <li>• Requires access to connect seizure monitor</li> </ul> NOTE: Picture displays typical installation. Installation can be customized based on client needs | Twin & Full 300<br>Twin & Full 400<br>Queen<br><u>Upgrade for</u><br>Twin & Full 200  |
| Inside Pocket*                        | Client requires one of the following readily available while in the enclosure: <ul style="list-style-type: none"> <li>• Communication device</li> <li>• Eyeglasses</li> </ul>   | Upgrade for any model   |
| Video Accessibility Mesh/Vinyl*       | Client needs to be monitored during night time activity while in the enclosed space for the following reasons: <ul style="list-style-type: none"> <li>• Seizures which need to be addressed and/or recorded per clinician</li> <li>• Self-injurious behavior that needs to be addressed and/or recorded per clinician</li> </ul>  | Upgrade for any model   |
| Waterproof Coverlet*                  | Client has recurring incontinence issues requiring waterproof padding. (These would replace the standard coverlets provided in each model)  | Upgrade for any model   |
| Extra Coverlet(s)*                    | Client has incontinence issues requiring frequent changing of bedding. This option is in addition to the two that come with every model.  | Add-on to any model   |

\*These options available at additional charge for any model

If you have questions about preparing the letter of medical necessity, please contact Beth Machine: [jen@abramsnation.com](mailto:jen@abramsnation.com) or call 724-967-5337.