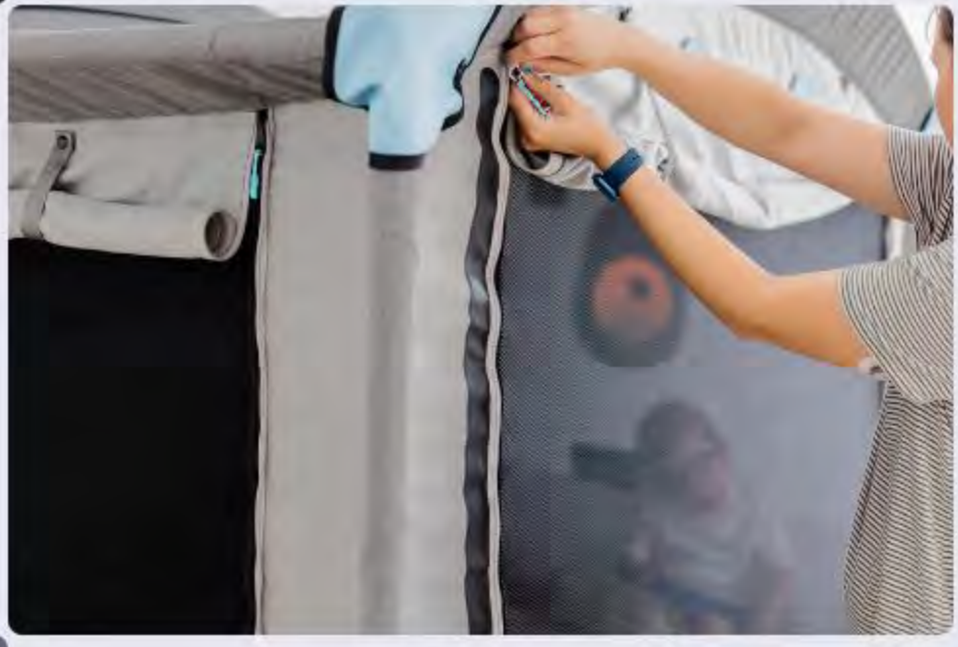

Z
Z
Z
H: 72"
Door
H: 37"
Transfer
H: 18"
L: 87"
W: 54"

Sleep + Sensory Canopy

Raising a child with special needs comes with unique challenges, which is why we've designed a bed that promotes restful sleep while also providing a secure and calming environment that your kiddo will love.

Securable Mesh + Fabric Doors

Dual-layer mesh + fabric doors provide protection against wandering and falls. Each entrance has a safety pocket + clasp that hide and secure the interior zipper to ensure a safe night's sleep.



Padded Walls + Safety Sheets

The canopy is stretched tightly, creating 360 degrees of padded protection to guard against injury, while Safety Sheets zip and lock to the interior walls to guard against entrapment and burrowing.

REQUIRED DOCUMENTS FOR MEDICAL PROFESSIONALS

Cubby Beds are modern safety and sensory beds for children of all ages with special needs. They help kids stay safe, sleep better, and provide parents greater peace of mind.

Families can get the sleep they need, no matter where they call home. Cubby Beds have been reimbursed in all 50 states and our team is here to help through every step of the process.

This guide aims to provide a proactive approach to getting a Cubby Bed covered by insurance. Follow the instructions on the following pages and use the *Prescription Template* and *Letter of Medical Necessity Template* provided in the links for the best chance at successful insurance approval for your patient.

Medical documents should be sent to a Durable Medical Equipment (DME) Supplier, as Cubby Beds is the manufacturer only. If your patient needs help finding a DME supplier, please advise them to utilize our Insurance Guide linked on page 3. For other questions, please contact our Cubby Care team at Hello@CubbyBeds.com.

WHAT TO DISCUSS AND DOCUMENT DURING YOUR PATIENT'S APPOINTMENT

1) Current Medical, Safety + Behavioral Issues

Examples include Elopement, Fall Risk, Self-Injurious Behaviors, Stimming, Sleep Disturbance, Sensory Processing Issues, Seizure Activity, etc.

2) Bed Safety Options: Tried + Failed

Examples include Bed Tents, DIY Beds, Mattresses on the Floor, Door Locks, Medications, etc.

3) Why Those Options Didn't Work

Examples include Safety risks, Risk of Elopement or entrapment, Risk of Climbing, Side Effects from Medications, etc.

4) Why a Cubby Bed is Necessary

Refer to our LMN Guide in the link below. Examples include 360° Tensioned Padding, Safety Sheets, Securable Doors, Remote Sound + Video Monitoring, Movement Detection, Sensory Regulation, Customizable Environment, etc.

INSURANCE STEPS +
YOUR ROLE AS A MEDICAL PROFESSIONAL

☐ Document Safety Concerns + Write a Prescription

Discuss and document the patient's safety concerns and need for a Cubby Bed in their medical notes. You'll also need to determine if a Cubby Basic or Cubby Plus is the best fit. Then ensure the included Rx Form is complete when prescribing the "Cubby Safety Bed." You can also find the form by scanning the QR code or clicking the link below.

CubbyBeds.com/Rx-Form

☐ Write or Sign a Letter of Medical Necessity (LMN)

A Letter of Medical Necessity (LMN) is written by healthcare professionals like the patient's doctor, OT or PT. They explain the patient's specific needs, previous attempts at solutions, reasons for their ineffectiveness, and why a Cubby Bed is medically necessary. If the patient has an OT or PT, then they should typically write the LMN and you (the prescribing doctor) will need to sign it. If the patient doesn't have an OT or PT, then you (the prescribing doctor) should write it.

CubbyBeds.com/LMN-Guide

☐ Send Prescription + Letter of Medical Necessity to DME Supplier

The Durable Medical Equipment supplier (DME) will work directly with insurance to get the Cubby Bed approved according to the coverage benefits. They will also order and deliver the Cubby Bed for the patient. Once your patient has found a DME they will work with, please send the prescription and LMN to them. They may also contact you to provide those documents. Additionally, you may need to work with the DME to provide revisions or additional paperwork that insurance requests for the authorization process or for appealing a denial.

HELPFUL LINKS

Learn About the Benefits of a Cubby Bed

CubbyBeds.com/Drs-Therapists

See a Full Guide on the Insurance Process

CubbyBeds.com/Insurance-Guide

Download This Packet

CubbyBeds.com/Provider-Insurance-Documents

Request for LMN Review

CubbyBeds.com/LMN-Review

See Customer Reviews

CubbyBeds.com/Reviews

PRESCRIPTION AND WRITTEN ORDER

(Enclosed Smart Safety Bed)

Please send the completed form to the Durable Medical Equipment (DME) provider the family is working with. If they do not have a DME, have them contact us via Hello@CubbyBeds.com.

Client First Name:		**Client Last Name:**		
Parent's/Caregiver's Full Name:				
Parent's/Caregiver's Email:				
Address:				
City:		State:		Zip:
Phone:		Email:		
DOB:	Gender:	Height:		Weight:
Primary Diagnosis:		ICD10 Diagnosis Code:		
Primary Insurance Provider:				
Secondary Insurance Provider:				

BELOW THIS LINE TO BE COMPLETED BY A HEALTHCARE PROVIDER ONLY

Check all medical and behavioral information that applies to the patient:

- ☐ History of falls
- ☐ Seizure activity
- ☐ Requires constant supervision
- ☐ Elopement / Wandering
- ☐ Entrapment risk - (Example: burrows under current mattress)
- ☐ Self-Injurious behaviors
- ☐ Aggressive behaviors
- ☐ Sleep disturbance
- ☐ Easily overstimulated
- ☐ Anxiety
- ☐ Hypersensitivity (Over sensitive to sound, sight, taste, smell, or touch)
- ☐ Aspiration
- ☐ Poor respiration
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ PICA
- ☐ Hyposensitivity (Seems fearless, puts self in danger due to underreaction to pain)

☐ Other - Provide Details: (Including but not limited to: Injuries at night, found in dangerous situations due to night time wandering/elopement, stimming behaviors, etc.)

Does Patient have a history of ER/Doctor visits due to injuries resulted from behavioral challenges, falls, lack of safety awareness, or elopement? ☐ Yes ☐ No

If yes, explain:

PRESCRIPTION AND WRITTEN ORDER

(Enclosed Smart Safety Bed)

Bed Safety Options Tried and Failed. This must be documented in the patient's progress notes.

1. Has patient been injured or endangered with current bed solution? ☐ Yes ☐ No
2. Have alternative bed safety techniques been tried and failed? ☐ Yes ☐ No

   Please indicate methods of bed safety that have been tried and failed (check all that apply):

- ☐ Medications
- ☐ Standard bed w/ side rails
- ☐ Mattress on the floor
- ☐ Door & window locks
- ☐ Hospital bed
- ☐ Bed tent attachment
- ☐ Helmet for head protection
- ☐ Portable baby monitoring device

3. Check all reasons why the above therapy failed, is contraindicated or inappropriate for this patient:

- ☐ Risk of falling / History of falls
- ☐ No recognition of danger
- ☐ Risk of elopement + wandering
- ☐ Risk of entrapment + burrowing
- ☐ Risk of climbing
- ☐ Risk of overstimulation + anxiety
- ☐ Adverse side effects from medications
- ☐ Needs constant monitoring + notifications (Risks include: Seizures, Aspiration, Poor Respiration, Self-Harm)

4. Do you recommend a Cubby Safety Bed? ☐ Yes ☐ No
5. What features of the Cubby Bed make it the most appropriate option for the patient?

6. Additional Comments:

ATP/Therapist Name Printed:	
ATP/Therapist Signature:	Date:
Physician Name Printed:	
Physician Signature:	Date:

Please send the completed form to the Arvada Pharmacy & Medical Supply (FAX- 720-707-2400 or Email- par@arvadapharm.com)

PRESCRIPTION AND WRITTEN ORDER

(Enclosed Smart Safety Bed)

Rx: Cubby Safety Bed

Order Date: _____

- ☐ Provide one Cubby Safety Bed
- ☐ Frequency of use:
  - ☐ On a nightly basis for sleep safety and hygiene needs
  - ☐ On a nightly basis for sensory regulation needs
  - ☐ On an as needed basis for safety, hygiene, and sensory regulation needs

Physician Printed Name:			NPI Number:
Physician Signature:			
Physician Phone:		Fax:	Email:
Physician Address:			
City:		State:	Zip:
Preferred DME:			

I certify the accuracy of this Rx for the Cubby Safety Bed and that I am the physician identified in this form. I certify that the medical information provided above and in the supplementary documentation is true, accurate, and completed to the best of my knowledge. The patient record contains the supplementary documentation to substantiate the medical necessity of the Cubby Safety Bed and physician notes will be provided to the authorized Cubby Bed distributor by request. By providing this form to an authorized Cubby Beds distributor, I acknowledge that the patient is aware that he or she may be contacted by said distributor for any additional information to process this order.

*Cubby Beds requires a Doctor's prescription for safety risks and sensory regulation. The Cubby Bed is classified as a Class I medical device per FDA regulations (Registration Number 3016541541). The Cubby Bed is approved for Medicaid, and private health insurance reimbursement under the Healthcare Common Procedure Coding System (HCPCS) code E1399. Patients must qualify to meet insurance eligibility requirements.

Durable Medical Equipment(DME) companies are ultimately responsible for ensuring that the reimbursement criteria for a specific insurance plan and patient situation are satisfied.

Please send the completed form to the Arvada Pharmacy & Medical Supply (FAX- 720-707-2400 or Email- par@arvadapharm.com)

PRESCRIPTION AND WRITTEN ORDER

(Enclosed Smart Safety Bed)

Insurance Requirements for Cubby Bed

1. **Required**: Cubby Bed Rx from Primary Care Doctor / Pediatrician

2. **Required**: Letter of Medical Necessity (LMN) stating the medical needs for a Cubby Bed
   - a. Documentation of other lesser costly alternatives being tried and a clear indication the other solutions have failed or are not suitable for the patient
   - b. Signed by prescribing Primary Care Doctor / Pediatrician

3. **Recommended**: Completed Written Order Form evaluating the patient's medical needs

4. **Recommended**: Patient Documentation (chart notes) supporting the medical need for the Cubby Bed

5. **Recommended**: Pictures/Videos/Supporting Evidence of medical need for the Cubby Bed

ICD-10 Code	Description
F84.0	Autism
F88	Sensory Processing Disorder (Global Developmental Delay)
F70-F79	Intellectual disabilities
G40	Epilepsy & Seizures
Q90	Down Syndrome
G80	Cerebral Palsy
Q93.51	Angelman Syndrome
Q93.88	Smith Magenis Syndrome
F84.2	Retts Syndrome
H54.40	Blindness
R25.0	Abnormal Head Movements
W06	Fall From Bed
Z91.5	Self Harm
F98.3	Pica
Z91.83	Wandering

Please send the completed form to the Arvada Pharmacy & Medical Supply (FAX- 720-707-2400 or Email- par@arvadapharm.com)

Professional Logo and contact info of professional/organization writing letter

Letter of Medical Necessity: Cubby Bed

Today's Date:

Name:
DOB:
Insurance:
Diagnosis/ICD-10 Code(s):
Height and Weight:

To Whom It May Concern:

The following is a letter of medical necessity requesting a Cubby Bed, an adaptive safe bed, for *[Name]*.

[Name] is a *[age, male/female]* with *[primary diagnosis]* since *[date of onset]*. *[Name]* has relevant past medical history**,** including: *[secondary diagnosis, seizures, cognitive impairment, spasticity, sensory processing, etc]*. *[He/She]* primary areas of *[delay/deficits]* include *[list as appropriate]*.

[Name] lives with *[who does he/she live with]* in a *[briefly describe home environment]*. *[He/She]* requires *[number of hours and type of supervision]*. Due to diagnosis and behaviors in bed including *[list what is applicable], [he/she]* has had *[number of hospitalizations and any injuries due to falls, seizures, self-insidious behaviors, etc.]* leading to costly medical bills *[estimate cost if known]*. The requested bed will provide a controlled environment that supports healthy behaviors to improve their sleep hygiene and patient safety.

[Name] communicates by *[how he/she communicates needs]*. *[He/She]* is *[means of mobility including level of assist, fall risk, etc.]*. *[Briefly describe daily routine with emphasis on sleep hygiene and/or sleep-wake cycles].*

Currently, *[he/she]* sleeps in a *[briefly describe current bed or sleeping set-up]. [He/She]* requires *[number of hours]* of supervision at night by *[caregiver present, monitor, etc.]* due to *[reasons why for example, safety, elopement, medical, falls, etc].*

Less costly equipment and interventions trialed include but not limited to *[briefly list what has been tried and failed. Examples of interventions include but not limited to other safety beds, mattress on the floor, helmet, baby monitor, sensory diet, bed rails, etc].* These options were inappropriate due to *[brief description, why it was not a good fit or safe]*.

The Cubby Bed is the only available safety bed that offers features that are medically necessary to meet the unique needs of *[Name]* to optimize *[his/her]* sleep hygiene and maximize safety to reduce the risk of injury *[and/or]* self-harm. The Cubby Bed eliminates the 7-zones of entrapment identified by the FDA.

Professional Logo and contact info of professional/organization writing letter

Equipment Justification
[Delete all statements that don't apply]
Canopy Bed

- is beneficial for the user with a seizure disorder to be safely contained during seizure activity from unintentional injury or self-harm due to uncontrolled movement.
- the enclosed environment will decrease elopement. The zippered doors can easily be controlled by the caregiver/parent on the outside of the bed, as well as the child on the inside. They are hidden from him/her to decrease the curiosity to elope and get into dangerous situations, unsupervised and placed in an enclosed environment for safety where previous falls have been experienced from a standard bed.
- to be placed in a 360-degree enclosed environment to allow for independent movement where the user would not be able to nest or endanger themselves from contact with hard surfaces.
- to be placed in an enclosed environment for safety due to impulsive unregulated behaviors.
- to be placed in a soft-enclosed environment to eliminate entrapment from safety rails and bars.
- includes port holes to allow for safe access for medical tubes such as feeding tubes and oxygen tubes.

Electronics Hub

- incorporates a circadian light for creating a more normative sleep-wake cycle to improve sleep hygiene.
- incorporates a Bluetooth camera for uninterrupted remote monitoring for caregivers.
- incorporates a two-way communication system with a speaker and mic for communicating to de-escalate a behavior or provide other verbal cues the user requires.
- ability to input soothing sounds for low stimulation and sensory regulation.
- assists in creating an environment for sensory regulation to moderate the user's behaviors.
- can be controlled by the caregiver through an app that can adjust the settings to create a soothing, safe environment to deescalate emotions and behaviors

Safety Sheet

- is intended for the prevention of entrapment or nesting with a fully zipped edge designed to create one even surface. This allows for the user's movement without the risk of entanglement in loose sheets or entrapment within the space between the mattress and the edge of the bed. No other bed as in lesser options.

Tensioned Canopy Padding

- is intended to protect the user from injury during a seizure.
- is intended to protect the user from injury due to self-injurious behaviors.

Positioning Wedge

- is intended to provide anatomical alignment to assist reduction of acid reflux, and during feedings tubes
- for improving sleep posture and alignment to decrease musculoskeletal deformities, such as scoliosis, hip/knee dysplasia, or other contractures.
- required for other medical needs**,** including [insert specific need here]

While there are other beds available, the recommendation for the Cubby Bed is the most appropriate and cost-effective option to meet *[Name]'s* functional, developmental, and medical needs. The Cubby Bed is a full-sized bed that allows *[Name]* to grow without requiring replacement for a larger bed. *[Optional - briefly list any additional important summary items if therapist includes why you are qualified to recommend the Cubby Bed].* When the environment is controlled*, [he/she]* will be afforded the opportunity to sleep, directly impacting *[his/her]* ability to positively function and participate in daily activities. Please authorize payment for the Cubby Bed and all of the components.

Sincerely,
[Therapist signature/print, credentials, date, contact info]

[Doctor Signature/print, credentials, date, contact info]

What To Do When Your Packet Is Complete.

Once all the pages have been completed in this packet, and you have collected all the documents from your child's doctor, therapist or specialist, you're ready to send your paperwork to **Arvada Pharmacy & Medical Supply (FAX- 720-707-2400 or Email- par@arvadapharm.com)** I will be your contact person. Once we receive the documentation, I'll guide you through the process, obtain Medicaid authorization, and, after approval, schedule delivery and installation with the family.

Contact us at:
par@arvadapharm.com

Best regards,
Arvada Pharmacy & Medical Supply