

December 17, 2025

HCPCS Workgroup  
Centers for Medicare & Medicaid Services  
7500 Security Blvd.  
Baltimore, MD

**RE: Comments on Preliminary HCPCS Level II Code for Safe Place Bedding  
(HCP250331FEH5E)**

Dear Members of the HCPCS Committee,

On behalf of the undersigned organizations, we write to express concern regarding CMS's preliminary decision to create a new, product-specific A-code for "Safe Place Bedding." This change risks disrupting access to essential home medical equipment relied upon by patients with a wide range of neurological and developmental disabilities such as epilepsy, traumatic brain injury, genetic syndromes, cerebral palsy, and other complex neurological disorders.

Across our community, families describe nighttime challenges that place their loved ones at significant risk. Many children and adults with neurological disorders experience wandering, elopement, falls, seizure-related disorientation, or behaviors linked to sensory dysregulation. These events often occur unpredictably during the night, when caregivers are least able to intervene quickly. Families frequently report that alarms, monitors, or constant overnight vigilance are not enough to keep their loved ones safe, leaving them physically and emotionally exhausted.

For these families, enclosed safety beds are medically necessary, not optional products. They prevent injury and wandering, promote safer and more restful sleep, and allow patients to remain safely at home rather than requiring care in a facility setting. They also reduce emergency department visits and lessen caregiver burnout by providing a safe environment for sleep and nighttime regulation. These beds appropriately fit within existing durable medical equipment (DME) classifications because they serve an essential medical function.

The creation of a narrow, product-specific A-code for Safe Place Bedding does not reflect the diversity of safety bed designs currently in use, nor the varying needs of patients with neurological disabilities. A single proprietary code has the potential to confuse suppliers and state Medicaid programs, disrupt established DME coverage pathways, and cause avoidable delays or denials for patients who need timely access to safe sleep environments. Families already face steep challenges obtaining medical equipment; making coverage more restrictive will cause real harm.

For these reasons, we urge CMS to protect patient access to safety bedding by not finalizing its preliminary coding decision to create a new A-code for Safe Place Bedding, and instead to defer any final coding decision until a later date.

Families depend on CMS to make thoughtful, evidence-based decisions that protect access to care and preserve the ability to keep children safe at home. We respectfully ask CMS to take the time needed to ensure that any future coding policy for safety bedding is grounded in clinical evidence, informed by family experience, and developed in partnership with the disability and pediatric communities it will most affect.

Thank you for your commitment to engaging with the families and advocates working every day to safeguard children with complex needs.

Sincerely,

Foundation for Angelman Syndrome Therapeutics

AADC Family Network

Angelman Syndrome Foundation

Caregiver Action Network

Epilepsy Alliance of America

Epilepsy Association of Central Florida

HealthyWomen

TSC Alliance