



## MEDICAL POLICY STATEMENT D-SNP

| Policy Name & Number                 | Date Effective                 |
|--------------------------------------|--------------------------------|
| Special Needs Car Seats-DSNP-MM-1438 | 05/01/2025                     |
|                                      | Ohio inactive as of 01/01/2026 |
| Policy Type                          |                                |
| MEDICAL                              |                                |

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### This policy applies to the following Market(s):

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Ohio |
|---|--|

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#### A. Subject

##### **Special Needs Car Seats**

#### B. Background

Safe transportation for individuals with certain functional needs includes not only the proper restraints but also the correct positioning to secure the person in the vehicle. Currently, the Federal Motor Vehicle Safety Standard (FMVSS) Number 213 regulates the design and performance of restraint systems for persons weighing up to 80 pounds. However, people with special needs greater than 80 pounds in weight may require car seat restraint, and several manufacturers have tested car seats beyond an 80-pound weight maximum.

Once a person has outgrown a standard 5-point harness car seat, options include car seats specially designed for full support of the person's head, neck, and back, supporting up to 115 pounds. Conventional travel vests or specialized medical seating can be used for persons who require additional trunk support but have stable neck control. Some larger people with special needs, including poor trunk control, can be transported in a special needs belt-positioning booster seat or a conventional belt-positioning booster with trunk support.

#### C. Definitions

- **Booster Seat** – A seat used for a person during transportation that lifts the person by several inches, designed for use with an adult seat belt.
- **Car Safety Seat (CSS)** – A portable seat for a person weighing under 80 pounds that attaches to an automobile seat and holds the person safely.
- **Federal Motor Vehicle Safety Standard 213** – FMVSS No. 213 requires child restraint systems (CRSs) to be equipped with attachments that enable the CRS to attach to the vehicle's child restraint anchorage system. The agency added a height provision to make the new standard's applicability clear to booster seat manufacturers who choose not to label their restraints with a weight.
- **National Highway Traffic Safety Administration** – A division of the U.S. Department of Transportation dedicated to achieving the highest standards of excellence in motor vehicle and highway safety.
- **Neck Loading** – The dynamic loading of the neck that occurs when the torso is suddenly stopped by the seat belt while the head continues pulling from the neck.
- **Travel Vest** – Optimizes the existing vehicle seat belt system to protect the child by keeping a low center of gravity and allowing the vehicle seat belt and seat cushion to manage the crash forces.

#### D. Policy

- I. CareSource considers a special needs car seat medically necessary when **ALL** the following clinical criteria are met:
  - A. The car seat is a restraint system that meets National Highway Traffic Safety Administration Federal Motor Vehicle Safety Standard (FMVSS No. 213).

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

- B. The car restraint system is not modified or used in a manner other than that specified by the manufacturer unless the modified restraint system has been crash tested and has met all applicable FMVSS's approved by the NHTSA.
  - C. The special needs car seat is the most cost-effective option while still addressing the medical/functional needs of the member.
  - D. The safety and effectiveness of the special needs car seat has been substantiated by current evidence-based national, state, and peer-reviewed medical guidelines.
  - E. The length or weight limits of a conventional CRS with an internal 5-point harness has been outgrown and at least one of the following criteria is met.
    - 1. The member has respiratory issues or conditions that require enhanced positioning for safety, including any of the following (not an all-inclusive list):
      - a. hypotonia
      - b. craniofacial abnormalities
      - c. primary airway problems
      - d. cerebral palsy
    - 2. The member has a physical condition (eg, seizure or hypertonicity/spasms) that prevents the independent maintenance of a seated position or requires support to allow a functional position or prevent further disability.
    - 3. The member has gastrointestinal issues, including but not limited to:
      - a. emesis
      - b. gastroesophageal reflux (GERD)
      - c. gastrostomy feeding tube
    - 4. The member uses a spica cast.
- II. Persons with a tracheostomy tube should not use a CRS with a harness or seat belts that could dislodge the tube. It is strongly recommended that an occupational therapist or passenger safety technician with training and experience in the safe transportation of persons with special needs provide guidance for appropriate equipment selection and use.
- III. A special needs car seat will not be considered medical necessary for any of the following:
- A. The special needs car seat is a more recent advancement in technology when the member's current special needs car seat can meet the member's basic medical/functional needs.
  - B. The special needs car seat is considered investigational, experimental, or has unproven medical indications for use.
- E. State-Specific Information  
N/A
- F. Conditions of Coverage  
N/A
- G. Related Policies/Rules  
N/A

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

## H. Review/Revision History

| DATE                  |            | ACTION  |
|-----------------------|------------|---|
| <b>Date Issued</b>    | 03/01/2023 | New policy  |
|                       | 02/28/2024 | Annual review: editorial changes, added D.I.C-D., D.I.E.2, and D.II-III., updated background, definitions, and references. Approved at Committee. |
|                       | 2/12/2025  | Annual review: updated criteria in D.I.E. and references. Approved at Committee.  |
| <b>Date Effective</b> | 05/01/2025 |   |
| <b>Date Archived</b>  |            |   |

## I. References

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The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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*Independent medical review – 02/15/2023*

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