CareSource

MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Special Needs Car Seats-MP-MM-1439	GA, IN, KY, WV: 06/01/2023-05/31/2024 OH: 07/01/2023-05/31/2024
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.

☒ **Georgia**	☒ **Indiana**	☒ **Kentucky**	☒ **Ohio**	☒ **West Virginia**

Table of Contents

A. Subject....2
B. Background....2
C. Definitions....2
D. Policy....3
E. Conditions of Coverage....3
F. Related Policies/Rules....3
G. Review/Revision History....4
H. References....4
I. State-Specific Information....4

Archived

A. Subject

Special Needs Car Seats

B. Background

The American Academy of Pediatrics (AAP) states that all children should have access to proper resources for safe transportation, including special needs children. Safe transportation includes not only the proper restraints, but also the correct positioning to secure the child in the vehicle. The AAP notes that a standard car seat provides the best protection for most travel needs. However, the AAP has called for additional research into the biomechanics of test dummies representative of special needs children in crash testing so that such test dummies can be utilized by the National Highway Traffic Safety Administration (NHTSF).

Currently, the Federal Motor Vehicle Safety Standard (FMVSS) Number 213 regulates the design and performance of child restraint systems for children weighing up to 80 pounds. However, special needs children 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 child has outgrown a standard 5-point harness car seat, options include car seats specially designed for full support of a child's head, neck, and back supporting up to 115 pounds. Conventional travel vests or specialized medical seating can be used for children who require additional trunk support but have stable neck control. Some older children 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.

Data has shown that rear-facing car seats offer greater protection for the head and neck than a front-facing car seat, by reducing neck loading in vehicular crashes with a frontal component. Therefore, the AAP encourages use of a rear facing car seat for as long as possible for all children, but especially for children who have a neurological condition placing them at increased injury risk if in a crash while in a forward-facing car seat.

Recommendations by the AAP specify that car seats should be placed in the rear seat of the vehicle. However, they do note that a special needs child requiring frequent monitoring may need to be placed in the front seat when no adult is available to sit in the rear seat with the child. If the child is placed in the front seat, the automatic air bag should be disabled.

C. Definitions

- **Booster Seat -** A seat used for a child during transportation that lifts the child by several inches, designed for use with an adult seat belt.
- **Car Seat -** A portable seat for an infant or a child weighing under 80 pounds that attaches to an automobile seat and holds the child 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

Archived

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 -** Investigates safety defects in motor vehicles, sets and enforces fuel economy standards, helps states and local communities reduce the threat of drunk drivers, promotes the use of safety belts, child safety seats and air bags, investigates odometer fraud, establishes and enforces vehicle anti-theft regulations, conducts research on driver behavior and traffic safety, and provides consumer information on motor vehicle safety topics.
- **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 child restraint system that meets National Highway Traffic Safety Administration Federal Motor Vehicle Safety Standard (FMVSS) 213.

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. A special needs car seat request meets **ONE or MORE** of the following criteria:

1. The length or weight limits of a conventional CRS with an internal 5-point harness has been outgrown;
2. Airway obstruction
    a. Due to one or more of the following (not an all-inclusive list):
        01. Hypotonia
        02. Craniofacial abnormalities
        03. Primary airway problems
3. Infants and children with a tracheostomy tube should not use child restraint system with a harness or seat belts that could make contact with the tube and cause it to dislodge;
4. Muscle tone abnormality;
5. Gastrointestinal issues, including but not limited to:
        01. Emesis,
        02. Gastroesophageal reflux (GERD), OR
        03. Gastrostomy feeding tube.
6. Spica cast.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

Archived

G. Review/Revision History

	DATE	ACTION
Date Issued	03/15/2023	New policy. Approved at Committee.
Date Revised		
Date Effective	GA, IN, KY, WV: 06/01/2023 OH: 07/01/2023	
Date Archived	GA, IN, KY, WV: 05/31/2024 OH: 05/31/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Huang PP, Durbin DR. Promoting safety in children with disabilities. UpToDate. Waltham, MA: December, 2022. Retrieved January 23, 2023 from www.uptodate.com.
2. National Child Passenger Safety Board. Car seat safety. Retrieved January 23, 2023 from www.cpsboard.org.
3. O'Neil J, Hoffman B, American Academy of Pediatrics Council on Injury, Violence, and Poison. Transporting Children with Special Health Needs. Pediatrics. 2019;142(5).
4. Rigby P, Ryan S, Campbell K. Effect of adaptive seating devices on the activity performance of children with cerebral palsy. Arch Phy Med Rehabil 2009; 90(8): 1389-1395. PMID: 19651273.
5. Ryan S.E. Lessons learned from studying the functional impact of adaptive seating interventions for children with cerebral palsy. Dev Med Child Neurol 2016; 58 (4): 78-82. PMID: 27027612.
6. Smith VC, Stewart J. Discharge planning for high-risk newborns. UpToDate. Waltham, MA: December, 2022. Retrieved January 23, 2023 from www.uptodate.com.
7. USAGov. National Highway Administration Safety Board. Retrieved January 23, 3034 from www.usa.gov.
8. Vives-Torres CM, Valdamo M, Jimenez-Octavio, et al. Comparison of Upper Neck Loading in Young Adult and Elderly Volunteers During Low Speed Frontal Impacts. Frontiers in Bioengineering Biotechnol., 30 June 2021, Volume 9. doi.org/10.3389/fbioe.2021.682974.

I. State-Specific Information

A. Georgia
   1. Effective: 06/01/2023

B. Indiana
   1. Effective: 06/01/2023

C. Kentucky
   1. Effective: 06/01/2023

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

Archived

D. Ohio
    1. Effective: 07/01/2023
E. West Virginia
    Effective: 06/01/2023

Independent medical review – 02/15/2023

Archived

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