MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Special Needs Car Seats-MP-MM-1439	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 Marketplace(s):			
☒ **Georgia**	☒ **Indiana**	☒ **Ohio**	☒ **West Virginia**

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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 children with specific functional needs. 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, additional research is needed for the biomechanics of test dummies representative of children with certain functional needs 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, children greater than 80 pounds may require car seat restraint, and several manufacturers have tested car seats beyond an 80-pound 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 certain functional 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 diagnosed with a neurological condition(s), as a forward-facing car seat increases the risk of injury in a crash.

Recommendations by the AAP specify that car seats should be placed in the rear seat of the vehicle. However, it is noted that a child with certain functional needs 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.

If the person using the car seat is more than 50 pounds and has significant abnormal tone, contractures, or has significant behaviors, transfers in and out of the vehicle can be very difficult. Car seats come with different weight limits and support systems. In addition, cars have different standard restraint systems, seat dimensions, and configurations that can accommodate specific types of cars seats. Not all vehicles come with the standard hardware necessary to secure car seats, especially older vehicles and larger car seats. A trial of the car seat is recommended to find the most appropriate car

seat to address the needs of the user and specific restraints and dimensions and configuration of the vehicle.

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 Safety Seat (CSS)** – A portable seat for a person weighing under 80 pounds that attaches to an automobile seat and holds the person safely.
- **Child Passenger Safety Technician (CPST)** – Trained educators in the field of occupant protection knowledgeable in child safety seat installation, best practices, and education. They provide support and guidance to caregivers with child safety seat questions and concerns.
- **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 (NHTSA)** – 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 child restraint system that meets National Highway Traffic Safety Administration Federal Motor Vehicle Safety Standard (FMVSS No. 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. 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.

F. Documentation that the member has been evaluated by a CPST for **ALL** the following:
   1. Diagnosis
   2. Objective and subjective clinical information on ability and impairments
   3. Reason why commercial car seats are not appropriate
   4. Member age, height, and weight
   5. The size of larger car seats may limit space for others traveling with the member or other car seats in the vehicle. Notes need to show that this has been considered when identifying the most appropriate car seat or vest restraint.
   6. Medical equipment, casts, orthoses, and space necessary to transport the member
   7. Type of vehicle that will transport the member and compatibility of tethering systems in the vehicle

II. Where applicable, a trial of the car seat should be documented that shows the following:
   A. The car seat can be used safely and as intended to meet the stated goals.
   B. Education has been provided to the member or the caregiver with demonstrated understanding and safety use. Education should include instruction for quickly extracting the member from the car seat in case of an emergency.
   C. If no trial seat is available documentation should show the following:
      1. Caregivers have demonstrated the ability to complete the type of transfer necessary to safely use the type of vehicle restraint requested.
      2. The vehicle restraint system in the vehicle used to transport the member is appropriate to secure the car seat based on manufacturer instructions.

III. 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.

IV. 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
NA

F. Conditions of Coverage
NA

G. Related Policies/Rules
NA

H. Review/Revision History

	DATE	ACTION
Date Issued	03/01/2023	New policy
Date Revised	02/28/2024 02/12/2025 10/08/2025	Annual review: updated car seat definition, added D.I.C-D., D.I.E.2, and D.II-III, updated references. Approved at Committee. Annual review: updated criteria in D.I.E. and references. Approved at Committee. Annual review. Updated background, added CPST documentation, trialing requirements and updated references. Approved at Committee.
Date Effective	01/01/2026	
Date Archived		

I. References

1. Adams AJ, Johnson MA, Ryan KA, et al. Safe transportation in-spica following surgical treatment of infantile DDH: solutions and threats. *J Pediatr Orop*. 2019;39(7):e488-e493. doi:10.1097/BPO.0000000000001317
2. Angsupaisal M, Maathuis CGB, Hadders-Algra M. Adaptive seating systems in children with severe palsy across International Classification of Functioning, Disability and Health for Children and Young version domains: a systematic review. *Dev Med Child Neurol.* 2015;57(10):919-930. doi:10.1111/dmcn.12762
3. Car seats and booster seats. National Highway Traffic Safety Administration. Accessed September 29, 2025. www.nhtsa.gov
4. Car seat safety. National Child Passenger Safety Board. Accessed September 29, 2025. www.cpsboard.org
5. Child passenger safety. American Academy of Pediatrics. Accessed September 29, 2025. www.aap.org
6. Huang PP, Durbin DR. Promoting safety in children with disabilities. UpToDate. Updated March 12, 2025. Accessed September 29, 2025. www.uptodate.com

7. Inthachom R, Prasertsukdee S, Ryan SE, et al. Evaluation of the multidimensional effects of adaptive seating interventions for young children with non-ambulatory cerebral palsy. *Disabil Rehabil Assist Technol*. 2021;16(7):780-788. doi:10.1080/17483107.2020.1731613
8. Legare JM, Adam MP, Feldman J, et al. *Achondroplasia*. GeneReviews; 2023. Revised May 11, 2023. Accessed September 29, 2025. www.ncbi.nlm.nih.gov
9. O'Neil J, Hoffman B, American Academy of Pediatrics Council on Injury, Violence, and Poison. Transporting Children with Special Health Needs. *Pediatrics*. 2019;143(5):e20190724. doi:10.1542/peds.2019-0724
10. 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. doi:10.1016/j.apmr.2009.02.013
11. Ryan SE. 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. doi:10.1111/dmcn.13046
12. Smith VC, Stewart J. Discharge planning for high-risk newborns. UpToDate. Updated May 23, 2025. Accessed September 29, 2025. www.uptodate.com
13. Vives-Torres CM, Valdamo M, Jimenez-Octavio JR, et al. Comparison of upper neck loading in young adult and elderly volunteers during low speed frontal impacts. *Frontiers Bioeng Biotechnol.* 2021;9:682974. doi:10.3389/fbioe.2021.682974

Independent medical review – 02/15/2023