



MEDICAL POLICY STATEMENT

Michigan Medicaid

Policy Name & Number	Date Effective
Special Needs Car Seats-MI MCD-MM-1550	06/01/2024-02/28/2025
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.

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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 (NHTSA).

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 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 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 neurological condition(s), which decreases 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, 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.

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.

- **Certificate of Medical Necessity (CMN)** – A document required by the Centers for Medicare and Medicaid Services that details the medical necessity of a durable medical equipment item or service for a beneficiary.
- **Durable Medical Equipment (DME)** – Equipment that can withstand repeated use that aids in the completion of activities of daily living.
- **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 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.
- **Michigan Department of Health and Human Services (MDHHS)** – A government body that oversees health policy and management in the state of Michigan. MDHHS also provides public assistance and welfare services.
- **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 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 meets 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 special needs car seat meets the standards of coverage published by MDHHS and meets the definition of DME as defined MDHHS Medicaid Provider Manual.
 - F. 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 are met:
 1. The member has an airway obstruction due to one or more of the following (not an all-inclusive list):
 - a. hypotonia
 - b. craniofacial abnormalities

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- c. primary airway problems
 2. The member has a physical condition 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.
- IV. The following information must be submitted for review to obtain prior authorization. The forms are located on the State of Michigan Department of Health and Human Services website under the Medical Provider Forms and Other Resources Page.
- A. Completed applicable sections of forms MSA-1656 and MSA-1653-D.
 - B. The member must have a face-to-face visit with a health provider (eg, physician, physician assistant, certified nurse practitioner, or certified clinical nurse specialist) within 6 months prior to the initial written order with documentation of **ALL** of the following:
 1. initial order for purchase
 2. replacement of the base equipment
 3. change in the order for the item
 4. change in the supplier of the item and the new supplier is unable to obtain a copy of the original order and documentation from the original supplier
 5. change in federal or state law, policies, or regulation
 - C. Medical documentation of the face-to-face visit may be indicated on the prescription/order, the CMN, or other medical record. The health provider must maintain documentation of the face-to-face visit including the following information:
 1. name of the provider performing the evaluation
 2. clinical findings that support the need for the special needs car seat

3. confirmation of the primary reason for the visit that relates to the need for the special needs car seat
 - D. If the provider conducting the face-to-face does not write the initial order, the treating provider must communicate the details of the visit to the ordering provider.
 - E. A copy of the face-to-face visit must be kept in the member's file and the original sent to the DME supplier. The DME supplier must date stamp the face-to-face documentation and maintain it in the member's file. The face-to-face documentation must be available upon request by MDHHS at any time and accompany other documentation required for the prior authorization request.
 - F. Medical suppliers must maintain documentation of the following for 7 years:
 1. equipment use logs or other provider required documentation as stated in the MDHHS
 2. purchased items, proof of purchase (eg, delivery slips, sales slips, vouchers)
 3. rented items, set-up slips and pick-up slips with signature of beneficiary or legal representative, and maintenance records
 4. items shipped directly to the beneficiary need the delivery date maintained in the records with the delivery slip – provider is responsible for replacing a service for which the beneficiary states was not received without additional cost to MDHHS, CareSource, or the beneficiary
 5. proof of education and instruction to the beneficiary and/or caregiver regarding the proper usage of equipment and/or supplies when applicable (eg, delivery slip signed by beneficiary)
 - G. A CMN is only required for claims before January 3, 2023. A CMN must contain **ALL** of the following:
 1. member's name and address
 2. member's date of birth
 3. member's ID number (if initiated by the provider) or social security number
 4. face-to-face provider's signature, date of signature, and telephone number
 5. supplier's name and address
 6. expected start date of the service
 7. complete description of the item
 8. amount and expected length of time the special needs car seat will be needed
 9. member's diagnosis
 10. medical necessity of the special needs car seat
- E. Conditions of Coverage
N/A
- F. 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.

G. Review/Revision History

DATE		ACTION
Date Issued	9/13/2023	New policy. Approved at Committee.
Date Revised	03/13/2024	Annual review: editorial changes, updated car seat definition, added D.II., and updated the references. Approved at Committee.
Date Effective	06/01/2024	
Date Archived	02/28/2025	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. 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 seat safety. National Child Passenger Safety Board. Accessed January 23, 2023. www.cpsboard.org
4. *HAP CareSource Provider Manual*. CareSource. Accessed February 16, 2024. www.caresource.com
5. Huang PP, Durbin DR. Promoting safety in children with disabilities. UpToDate. Updated January 4, 2024. Accessed February 16, 2024. www.uptodate.com
6. 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
7. *Medicaid Provider Manual*. Michigan Health and Human Services. Updated January 1, 2024. Accessed February 16, 2024. www.mdch.state.mi.us
8. *MLN Matters Elimination of Certificates of Medical Necessity & Durable Medical Equipment Information Forms*. Centers for Medicare and Medicaid Services; 2022. MLN Matters Number SE22002. Accessed February 16, 2024. www.cms.gov
9. *MSA-1653-D Complex Seating and Mobility Device Prior Approval – Request/Authorization Completion Instructions*. Michigan Health and Human Services. Accessed February 16, 2024. www.mdch.state.mi.us
10. *MSA-1656 Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices*. Michigan Health and Human Services. Accessed February 16, 2024. www.mdch.state.mi.us
11. O'Neil J, Hoffman B; Council on Injury, Violence, and Poison Prevention. Transporting children with special health needs. *Pediatrics*. 2019;142(5):e20190724. doi:10.1542/peds.2019-0724
12. Smith VC, Stewart J. Discharge planning for high-risk newborns. UpToDate. Updated

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- April 10, 2023. Accessed February 16, 2024. 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

Archived