MEDICAL POLICY STATEMENT
Arkansas PASSE

Policy Name & Number	Date Effective
Medical Car Seats-AR PASSE-MM-1437	11/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject

Medical Car Seats

B. Background

The Federal Motor Vehicle Safety Standard § 571.213 (FMVSS No. 213) establishes safety requirements for the design and performance of standard car safety seats and restraint systems, including crash testing, labeling, and manufacturer specifications; FMVSS No. 213 does not specifically address the needs of children with disabilities. For many children, a standard car safety seat provides appropriate protection for passengers weighing up to 80 pounds but certain medical, developmental, or behavioral health needs may prevent proper use of a standard car safety seat. These specific health needs may include decreased head and trunk control, muscle tone abnormalities, airway obstruction, orthopedic conditions or procedures, challenging behaviors, and/or gastrointestinal disorders. For children with these needs, medical car seats may be appropriate and include specially designed harnesses or restraints. Proper positioning and securement of the medical car seat is essential to passenger safety.

According to the American Academy of Pediatrics (AAP), a standard car safety seat provides optimal protection for many children with special health care needs during most transportation. However, children who weigh more than 80 pounds may require an occupant restraint system and only some manufacturers have tested their systems for children above this weight. Some systems provide full support for the child's head, neck, and back, accommodate children up to 115 pounds, and can be customized to meet individual needs. Other options, such as travel vests or specialized medical seating systems, may include tethers, additional lap belts, or appropriate tie-down systems.

While evidence on motor vehicle safety for children with disabilities is limited, data indicates frequent issues with restraint use and securement of medical equipment; further research is needed.

C. Definitions

- **Booster Seat** – A booster seat correctly positions the seat belt by "boosting" the child so the lap and shoulder belts fit properly. The lap belt should be low and snug across the hips, and the shoulder belt should fit across the chest and not rest against the neck or face. Proper belt fit is very important. Booster seats can have high backs (for use in vehicles with no head restraints) or can be no-back/backless seats (for use in vehicles with head restraints).
- **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. A child restraint (CR), a child restraint system (CRS), or a child restraint device (CRD), a crash-tested seat, device or system that is specially designed to provide child crash protection. General terms for these systems include child safety seats, car seats, boosters or booster seats, vests or car beds, and those items which meet Federal Motor Vehicle Safety Standards (FMVSS No. 213).
- **Child Passenger Safety Technician (CPST)** – Term used to refer to a person who has successfully completed the standardized Child Passenger Safety Technician

certification course. The certification courses use an NHTSA training curriculum, and Safe Kids Worldwide serves as the certifying body.

- **Federal Motor Vehicle Safety Standard § 571.213 (FMVSS No. 213)** – Regulations that define minimum safety performance requirements for motor vehicles or items of motor vehicle equipment. These regulations are intended to protect the public from unreasonable risk of crashes that occur as a result of the design, construction, or performance of motor vehicles or related equipment. The regulations are also designed to protect the public against unreasonable risk of death or injury in the event crashes do occur. The standard that applies to car seats is FMVSS No. 213.
- **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.
- **Person Centered Service Plan (PCSP)** – A written plan that provides information and support directing the process of care for a member to the maximum extent possible and enabling informed choices and decisions, reflecting services and supports to meet needs identified through an assessment of functional need, both paid and unpaid, to achieve identified goals, and identifying the providers of those services and supports, including natural supports.
- **Seat belt** – The webbing, anchor, and buckle system that restrains a passenger or car seat in a vehicle; also known as a safety belt.
- **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 medical car seat medically necessary when **ALL** the following clinical criteria are met:
   A. The medical car seat is a CRS that meets National Highway Traffic Safety Administration Federal Motor Vehicle Safety Standard (FMVSS No. 213) for members up to 80 pounds.
   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 standards approved by the NHTSA.
   C. The requested medical car seat is the least costly, medically appropriate alternative that safely meets the member's documented medical and functional needs.
   D. The safety and effectiveness of the medical car seat have been substantiated by current evidence-based national, state, and peer-reviewed medical guidelines.
   E. A provider order is required for coverage of a medical car seat.
   F. A person-centered service plan is required.
   G. An invoice for the equipment is required.
   H. The member has outgrown the height and/or weight limits of a conventional 5 point harness CRS 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 medical, functional, or behavioral condition (eg, seizure disorder, hypertonicity, spasms, or severe autism spectrum disorder with unsafe elopement behaviors) that prevents them from being able to maintain a standard seated position, requires support to allow a functional position, or prevents further disability.
3. The member has gastrointestinal issues, including but not limited to:
   a. emesis
   b. gastroesophageal reflux disease (GERD)
   c. gastrostomy feeding tube
4. The member has a spica cast.

I. Documentation that the member has been evaluated by a CPST for **ALL** the following:
   1. documented diagnosis by a qualified provider
   2. clinical information regarding ability and impairment of the member
   3. rationale as to why a standard commercial CRS is not appropriate
   4. member age, height, and weight
   5. caregiver who will be traveling in the vehicle of the child
   6. member age, height, and weight
   7. due to larger size of medical car seats, there may be limited space for others or other car seats in the vehicle. Documentation should reflect that this has been considered in identifying the most appropriate medical car seat or vest restraint
   8. adequate space exists to transport the member, any necessary medical equipment, casts, or orthoses
   9. type of vehicle that will transport the member and confirmation that the medical car seat will be appropriately secured and/or tethered to the vehicle l

II. Where applicable, a trial of the medical car seat should be documented that reflects 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 and/or the caregiver with demonstrated understanding of use and safety. Education should include instruction for rapid extraction of the member from the medical car seat in case of an emergency.
   C. If no trial of the medical car seat is possible, documentation should reflect the following:
      1. Caregivers confirm their ability to properly install the medical car seat
      2. Caregivers have demonstrated the ability to complete the type of transfer necessary to safely use the type of vehicle restraint requested.
      3. The vehicle restraint system is appropriate to secure the medical car seat based on manufacturer instructions

III. Member 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 CPST with training and experience in the safe transportation of persons with medical or functional needs provide guidance for appropriate equipment selection and use.

IV. A medical car seat will not be considered medical necessary for any of the following:
   A. The medical car seat is a more recent advancement in technology when the member's current medical car seat can meet the member's basic medical and functional needs.
   B. The medical car seat is considered investigational, experimental, or has unproven medical indications for use.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	03/15/2023	New policy. Approved at Committee.
Date Revised	02/28/2024	Annual review: editorial changes, updated car seats definition, added D.I.C-D., D.I.E.2, and D.II-III., and updated the references. Approved at Committee.
	02/12/2025	Annual review: updated criteria in D.I.H. and references. Approved at Committee.
	10/08/2025	Review. Updated background added CPST documentation, trialing requirements and updated references. Approved at Committee.
	07/29/2026	Annual review: changed policy title to align with current terminology, updated background, definitions, and policy content for clarity and accuracy. Approved at Committee.
Date Effective	11/01/2026	
Date Archived		

H. References

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3. Child passenger safety. American Academy of Pediatrics. Accessed June 5, 2026. www.aap.org
4. Durbin DR, Hoffman BD. Child Passenger Safety. *Am Acad Ped*. 2018; 142(5): e20182460. doi.org/10.1542/peds.2018-2460
5. Federal Register: Federal Motor Vehicle Safety Standards; FMVSS No. 213, “Child Restraint Systems,” FMVSS No. 213a, “Child Restraint Systems-Side Impact Protection,” and FMVSS No. 213b, “Child Restraint Systems”- Response to Petitions for Reconsideration.
6. Huang PP, Durbin DR. Promoting safety in children with disabilities. UpToDate. Updated March 12, 2025. Accessed June 5, 2026. www.uptodate.com
7. 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