



MEDICAL POLICY STATEMENT

TrueCare

Policy Name & Number	Date Effective
Special Needs Car Seats-MS TrueCare-MM-1441	07/01/2025-05/31/2026
Policy Type	
MEDICAL	

Medical Policy Statements 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) 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, then the plan contract 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 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 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.

C. Definitions

- **Booster Seat** – A seat used for a small 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.
- **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.

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

- **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. TrueCare 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. 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 medically necessary for any of the following:

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- 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. Documentation that includes a completed Certificate of Medical Necessity for the car seat when required by TrueCare Utilization Management which includes:
- A. date of request
 - B. diagnosis of beneficiary
 - C. type of car seat
 - D. anticipated length of need
 - E. date of delivery, method of delivery, and proof of delivery (POD) for the car seat
 - 1. POD signed and dated by the DME provider's technician or representative which includes:
 - a. beneficiary's name
 - b. delivery address
 - c. detailed description of the car seat and Healthcare Common Procedures Coding System (HCPCS) codes that identify item purchased
 - d. quantity delivered
 - e. date of delivery (ie, date beneficiary received the car seat)
 - f. signature of beneficiary or designated representative
 - 01. during national or statewide emergency, signature not required, but documentation of the emergency and confirmation of delivery by alternate means including but not limited to:
 - (1). telephone
 - (2). text message
 - (3). other electronic communication
 - 2. if car seat sent by shipping service, the above information and tracking log must be included
- E. Conditions of Coverage
N/A
- F. Related Policies/Rules
N/A
- G. Review/Revision History

	DATE	ACTION
Date Issued	03/12/2025	New market. Approved at Committee.
Date Revised		
Date Effective	07/01/2025	
Date Archived	05/31/2026	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

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H. References

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