

The Office of Vermont Health Access Medical Guidelines

Subject: Special Needs Car Seats

Last Review: 2009

Revision 3:

Revision 2:

Revision 1: 06/15/09

Original Effective: 2004

Technical Revision: 09/08/09

Description of Service or Procedure

Specialized car seats are safety restraint and positioning devices specifically used for special needs children who can no longer fit in conventional car seats or for special needs children when conventional car seats are medically inappropriate.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the Beneficiary's Aid Category. Prior Authorization is only valid if the Beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.1](#) Criteria for services requiring prior authorization: "...less expensive appropriate alternatives to the health service are generally available..."

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

[7505](#) Interpretive Memo 2/10/06 allowing coverage for special needs car seats

Coverage Position

A special needs car seat may be covered for those individuals who:

- Are VT Medicaid beneficiaries on the date of service AND
- When this device is prescribed by a licensed medical provider enrolled in the VT Medicaid program who is knowledgeable in the area of orthopedics, neurology and/or pediatrics and who provides medical care to the beneficiary, AND
- Who meets the clinical guidelines below.

Coverage guidelines

A specialized car seat may be covered for the child who:

- Is not able to fit safely into a conventional car seat, AND
- Is not able to preserve proper positioning and safety in the vehicle during normal transport, turns, accelerations, decelerations, or riding over rough terrain, AND

- Who exhibit the following medical conditions:
 - Severe head and trunk instability and/or weakness, AND/OR
 - Severe hypotonicity, hypertonicity, athetosis, spasticity, or muscle spasming which results in uncontrollable movement and position change, AND/OR
 - Absence or latency of protective reactions, AND/OR
 - Inability to maintain an unsupported sitting position independently, AND/OR
 - Severe seizure activity that results in uncontrollable movement and position change (such as tonic-clonic seizures), AND/OR
 - Orthopedic disease processes resulting in significant bony fragility (for example: osteogenesis imperfecta) or significant contracture that would result in a child's inability to perform postural corrections due to vehicle motion (for example: arthrogyposis), AND/OR
 - Behavioral manifestations of a documented medical condition that put the child or the driver at risk of injury, such as in certain children with autism or bipolar disorder.

Some children may need a car bed rather than a car seat (for example, a child with Pierre Robin sequence may need to be positioned in prone during car rides to maintain an open airway).

Many children with special health needs can be safely positioned and restrained in standard car seats or booster seats. The need for a specialized car seat must be demonstrated by a physician's certificate of medical necessity, and a physical or occupational therapy evaluation with supporting documentation.

Considerations:

Proper car seat evaluation should include issues such as: airway integrity, skin integrity, circulatory integrity, structural integrity, allowance of voluntary movement where it does not negatively impact safety, positioning of release mechanism for children with behavioral issues, and ability of the device to hold a child in proper position despite seizure activity or spasming. Children with tracheostomies should not be seated in car seats that have tray or shield harness systems. The American Academy of Pediatrics reports that these systems can block the airway of a tracheostomized child during a crash.

Always advise parents that the rear seat is the safest location for children. Seat belts should always lie across the hips rather than the stomach, and shoulder straps should always lie across the chest, not the neck or throat.

Clinical guidelines for repeat service or procedure

- When the device has been outgrown, OR
- When the device no longer meets the medical needs of the beneficiary, OR
- When the device is no longer functional through normal wear and tear (expected to be at least 5 years)
- When the device has been in a motor vehicle accident that may have compromised its ability to protect the beneficiary

Type of service or procedure covered

- Special needs car seats, including forward or backward facing seats, horizontal car beds, and vest harnesses. Also covered are seating and positioning components for the car seat.
- The car seats acceptable for OVHA coverage must meet Federal Safety standards, must be able to accommodate safety adaptations, and must be able to accommodate the child's growth.
- Specific coding for a Positioning Seat is required; providers should not use generic coding.

Type of service or procedure not covered (this list may not be all inclusive)

- Car seats for individuals without special needs.
- Vehicle modifications to accommodate car seats.
- Multiple car seats for one beneficiary.
- Children who use a wheelchair that includes head support, and whose primary caregiver has a van with a tie-down that can be used to transport the child in his/her wheelchair, are not eligible for a car seat.

References

Car seat shopping guide for children with special needs; guidelines for parents. American Academy of Pediatrics, 1998.

Korn, T. et al; How children with special needs travel with their parents: observed versus reported use of vehicle restraints [Electronic version]. *Pediatrics* 19 (3); e637-e642..

Safe transportation of children with special needs: a guide for families [Electronic version]. American Academy of Pediatrics. Copyright 2002.

Selecting and using the most appropriate car safety seats for growing children: guidelines for counseling parents [Electronic version]. *Pediatrics* 109(3), 550-553..

Staunton, C et al; Critical gaps in child passenger safety practices, surveillance, and legislation: Georgia 2001 [Electronic version]. *Pediatrics* 115(2), 372-379.

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