

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Medical Car Seats

AUTH: SHP Durable Medical Equipment 58 v1 (AC)

MCG Health
Ambulatory Care
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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to Optima Virginia Medicaid Plans only.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Medical car seat is a seat used in vehicles for individuals with special orthopedic or medical needs related to positioning that cannot be met using conventional car seats.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of a medical car seat for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Medical car seats for individuals with special orthopedic or medical needs related to positioning that cannot be met using conventional car seats or with needs that make conventional car seats medically inappropriate are considered medically necessary for **ALL** of the following
 - Individual has Optima Virginia Medicaid Plan
 - The individual must be within the manufacturer guidelines for height and weight.
 - Individual with an inability to maintain an unsupported sitting position independently which is caused by a medical condition such as **1 or more** of the following
 - Severe head and trunk instability
 - Severe hypotonicity, hypertonicity, spasticity or muscle spasms which result in uncontrollable movement and position changes
 - Severe seizure activity that results in uncontrollable movement and position changes
 - Orthopedic disease processes resulting in significant bony fragility
 - Significant contractures that would result in an inability to perform postural corrections due to vehicle motion
 - Orthopedic condition, such as a curvature of the spine, which interferes with proper positioning
 - Documentation for the authorization request for a positioning seat for use in vehicles must include **ALL** of the following
 - Evaluation by a physical therapist or occupational therapist
 - Description of the medical condition that causes the need for the positioning seat
 - Description of other interventions that have been tried to meet the recipient's needs
 - Description of less costly positioning seats that have been considered and rejected
 - Document the recipient's current height and weight, and the weight capacity and growth potential for the requested seat.

Document History

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- Revised Dates:
- Reviewed Dates:
 - 2022: June
- Effective Date: June 2021

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - HCPCS T5001 - Positioning seat for persons with special orthopedic needs
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

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