Medical Coverage Policy

Pediatric Feeding Disorders Treatment-
PREAUTH

☐ Device/Equipment ☐ Drug ☒ Medical ☐ Surgery ☐ Test ☐ Other

Effective Date: | 08/16/2011 | Policy Last Updated: | 8/16/2011

☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☐ Prospective review is not required.

Note: This policy refers only to pediatric feeding disorders and does not include failure to thrive, anorexia, or bulimia. For treatment of adults, please refer to the Speech Policy.

Description:
Pediatric feeding disorders are defined as the failure of an infant or child (under the age of 5 years) to eat enough food to gain weight and grow in a period of one month. Pediatric feeding disorders may also include the loss of a significant amount of weight in one month.

Symptoms:
The American Speech-Language-Hearing Association lists the following as signs and symptoms of feeding and swallowing disorders in very young children:
- Arching or stiffening of the body during feeding
- Irritability or lack of alertness during feeding
- Refusing food or liquid
- Failure to accept different textures of food (e.g., only pureed foods or crunchy cereals)
- Long feeding times (e.g., more than 30 minutes)
- Difficulty chewing
- Difficulty breast feeding
- Difficulty or gagging during meals
- Excessive drooling or food/liquid coming out of the mouth or nose
- Difficulty coordinating breathing with eating and drinking
- Increased stuffiness during meals
- Gurgles, hoarse, or breathy voice quality
- Frequent spitting up or vomiting
- Recurring pneumonia or respiratory infections
- Less than normal weight gain or growth

Treatment:
The speech language pathologist may work individually or as part of a feeding team (occupational therapist, physical therapist, physician or nurse, dietitian or nutritionist, and/or developmental specialist).

Treatment may include:
- Medical intervention (e.g., medicine for reflux)
- Direct feeding therapy designed to meet individual needs
- Nutritional changes (e.g., different foods, adding calories to food)
- Increasing acceptance of new foods or textures
Food temperature and texture changes
Postural or positioning changes (e.g., different seating)
Behavior management techniques
Referral to other professionals, such as a psychologist or dentist

Feeding therapy, with the focus of intervention may include:
Making the muscles of the mouth stronger
Increasing tongue movement
Improving chewing
Increasing acceptance of different foods and liquids
Improving sucking and/or drinking ability
Coordinating the suck-swallow-breath pattern (for infants)
Altering food textures and liquid thickness to ensure safe swallowing

Medical Criteria:

Evaluation:
Evaluations for the assessment of a feeding disorder are covered with no prior authorization required.

Treatment:
Treatment off pediatric feeding disorder is medically necessary for children who meet one of the following criteria:
Failure to meet one of the following developmental milestones of growth and development:
I. Significant weight loss or reduction or cessation of weight gain over the previous 2 months; or
II. Crossing 2 or more major weight percentiles downward.
Growth and development milestones have only been met by:
I. Using nutritional support consisting of high-calorie foods, nutritionally deficient foods, or both, and transition to nutritionally and calorically appropriate foods is needed.

Prior authorization:
In addition requests submitted for the above criteria need to include documentation that the following have been performed:
I. A medical evaluation has been completed and which includes:
   A medical evaluation including assessment for neurologic, metabolic and gastrointestinal (specifically malabsorption and gastroesophageal reflux) disease; and clinical nutritional status; and
   An evaluation to identify any structural or functional abnormalities such as but not limited to a videofluorographic swallowing study; and
   An evaluation of possible behavioral components
II. All underlying medical conditions which may have been noted in the evaluation and contribute to the feeding disorder have been treated, as possible treatment of these issues has not resolved the feeding disorder;
III. An individualized treatment plan is written and should include the following:
   Diagnosis; proposed treatment plan, interventions, and length of treatment; and
   Specific tests and measures that will be used to document progress; and
   Significant improvement is expected from the treatment; and
   A discharge plan for transition from one-on-one supervision to individual maintenance provided by the home caregiver.

Prior authorization will be approved only for the duration of treatment plan recommended by the physician.
Re-evaluations:
Re-evaluations are medically necessary at any time when:
   New clinical findings are present; or
   Child experiences a rapid change in status; or
   Child fails to respond to therapy (i.e., speech and language, occupational, behavioral, and physical).

The following are contract exclusions:
   Maintenance programs consisting of treatment(s) or activities preserving present level range in order to prevent regression; or
   Duplicate therapy.

The following are not medically necessary:
   Therapies for picky eaters, who can eat and swallow normally meeting growth and developmental milestones, but have selective eating behaviors. Therapy to introduce more variety and less rejection of food items is considered behavioral/training, and not medically necessary.
   Electrical stimulation for swallowing/feeding disorders
   Swallowing/feeding therapy for food aversions

Policy:

Evaluations:
Evaluations for the assessment of a feeding disorder are covered with no prior authorization required.

Treatment:
Treatment of pediatric feeding disorders is medically necessary when the criteria listed above have been met. Prior authorization is required for BlueCHiP for Medicare and recommended for all other BCBSRI products.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage, subscriber agreement, or benefit booklet for the applicable speech benefit/coverage.

Coding:
The following evaluation code does not require medical review and should be applied to the member’s speech benefit:
92610 Evaluation of oral and pharyngeal swallowing function

The code listed below is processed under the member’s speech therapy benefit. (Prior authorization for speech therapy is required for BlueCHiP for Medicare and recommended for all other lines of business):
92526 Treatment of swallowing dysfunction and/or oral function for feeding

Also Known As:
Not applicable

Related Topics:
Not applicable

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Reference:


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