EFFECTIVE DATE: 08|16|2011
POLICY LAST UPDATED: 06|21|2016

OVERVIEW

Pediatric feeding disorders are defined as the failure of an infant or child (typically these disorders begin 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.

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 Therapy Policy.

MEDICAL CRITERIA

Commercial Products

Treatment:

Treatment of a pediatric feeding disorder is **medically necessary** for children who meet **one** of the following criteria:

1. Failure to meet one of the following developmental milestones of growth and development:
    a. Significant weight loss or reduction or cessation of weight gain over the previous 2 months; or
    b. Crossing 2 or more major weight percentiles downward.

2. Growth and development milestones have only been met by:
    a. Using nutritional support consisting of high-calorie foods, nutritionally deficient foods, or both, and transition to nutritionally and calorically appropriate foods is needed.

In addition, requests submitted for the above criteria need to include documentation that the following have been performed:

1. A medical evaluation has been completed and which includes:
    a. A medical evaluation including assessment for neurologic, metabolic and gastrointestinal (specifically malabsorption and gastroesophageal reflux) disease; and clinical nutritional status; and
    b. An evaluation to identify any structural or functional abnormalities such as but not limited to a videofluorographic swallowing study; and
    c. An evaluation of possible behavioral components

2. 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;

3. An individualized treatment plan is written and should include the following:

    a. Diagnosis; proposed treatment plan, interventions, and length of treatment; and
    b. Specific tests and measures that will be used to document progress; and
    c. Significant improvement is expected from the treatment; and

d. A discharge plan for transition from one-on-one supervision to individual maintenance provided by the home caregiver.

PRIOR AUTHORIZATION

Commercial Products

Prior authorization recommended for Commercial products.

BlueCHiP for Medicare

Not applicable

POLICY STATEMENT

Commercial Products

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 below have been met.

In addition, 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

The following is contract **exclusion:**

- Maintenance programs consisting of treatment(s) or activities preserving present level range in order to prevent regression

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).

BlueCHiP for Medicare

Not applicable

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable speech benefit/coverage.

BACKGROUND

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
- Coughing 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
- Gurgly, 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

CODING

Commercial Products

Evaluations:
The following evaluation code is **covered and does not require prior authorization**:
92610 **Treatment:**
The following code is **covered when medical criteria is met**:
92526

RELATED POLICIES

Speech Therapy

PUBLISHED

Provider Update, September 2016
Provider Update December 2015
Provider Update, January 2015
Provider Update, October 2013
Provider Update, August 2012
Provider Update, November 2011

REFERENCES

1. American Speech-Language-Hearing Association (ASHA) position statement. Roles of speech-language pathologists in swallowing and feeding disorders. 2002. Available at: http://www.asha.org/docs/html/PS2002-00109.html. Accessed on February 28, 2014.

2. Arvedson JC. Assessment of pediatric dysphagia and feeding disorders: clinical and instrumental approaches. Dev Disabil Res Rev. 2008; 14(2):118-127.

3. Ayoob KT, Barresi I. Feeding disorders in children: taking an interdisciplinary approach. Pediatr Ann. 2007; 36(8):478-483.

4. Babbitt Rl, Hoch TA, Coe DA, et al. Behavioral assessment and treatment of pediatric feeding disorders. J Dev Behav Pediatr. 1994; 15(4):278-291.

5. Benoit D, Wang EE, Zlotkin SH. Discontinuation of enterostomy tube feeding by behavioral treatment in early childhood: a randomized controlled trial. J Pediatr. 2000; 137(4):498-503.

6. Cooper-Brown L, Copeland S, Dailey S, et al. Feeding and swallowing dysfunction in genetic syndromes. Dev Disabil Res Rev. 2008; 14(2):147–157.

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.