

## Medical Coverage Policy | Pediatric Feeding Disorders Treatment



**EFFECTIVE DATE:** 08|16|2011  
**POLICY LAST UPDATED:** 08|06|2013

### OVERVIEW

**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.

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.

### PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for all other lines of business.

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial

#### 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.**

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 are **contract exclusions**:

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

Duplicate therapy.

## MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial:

### Treatment:

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

- I. 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.
- II. 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:

- 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.

### 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).

## BACKGROUND

### Symptoms:

The American Speech-Language-Hearing Association lists the following<sup>1</sup> 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

**COVERAGE**

**BlueCHiP for Medicare |  
Commercial |**

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**

92610

The following code is covered when medical criteria is met:

92526

## RELATED POLICIES

Speech Therapy

## PUBLISHED

Provider Update	Oct 2013
Provider Update	Aug 2012
Provider Update	Nov 2011

## REFERENCES

Not applicable.

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