

## Pediatric Oral Function Therapy: Policy Number: CP.MP.188

Last Review Date: 05/20

### APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

### DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on [www.wellcare.com](http://www.wellcare.com). Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

### BACKGROUND

Although dysphagia is a frequently occurring impairment for children with disabilities, feeding and swallowing disorders can occur in children of all ages and occur for many different reasons. Reasons for feeding and swallowing disorders and disabilities may be temporary, permanent or progressive.<sup>1,2</sup>

Common Causes of feeding and disorders include the following:<sup>2</sup>

- Complex medical conditions
- Developmental disability
- Factors affecting neuromuscular coordination
- Genetic syndromes
- Medication side effects
- Neurological disorders
- Sensory issues as a primary cause or secondary to limited food availability in early development
- Structural abnormalities

Feeding disorders can be characterized by one or more of the following behaviors:<sup>2</sup>

- Avoiding or refusing one's food intake
- Accepting a restricted variety or quantity of foods or liquids
- Displaying disruptive or inappropriate mealtime behaviors for developmental level
- Failing to master self-feeding skills expected for developmental levels
- Failing to use developmentally appropriate feeding devices and utensils
- Experiencing less than optimal growth

**POSITION STATEMENT**

Goals of oral function therapy are to identify the child’s optimal feeding methods, maximize safety and avoid the risk of medical complications and help the child achieve age appropriate functional skills. The therapist will work with the child and the family to create a customized plan to maximize quality of life and prevent future issues.<sup>1,2</sup>

**Policy/Criteria**

- I. Pediatric oral function therapy is **medically necessary** for any of the following indications:
  - A. Severe, complex neurologic or neuromuscular disorders contributing to failure to meet developmental milestones of growth and development, including either of the following:
    - 1. Reduction or cessation of weight gain over the previous two months;
    - 2. Crossing two or more major weight percentiles downward;
  - B. Significant change in feeding behavior which compromises the child’s nutritional status, including either of the following:
    - 1. Reduction in weight or cessation of weight gain over the previous two months;
    - 2. Crossing two or more major weight percentiles downward;
  - C. Under five years of age and failing to meet developmental milestones of growth and development, including either of the following:
    - 1. Significant weight loss or cessation of weight gain over the previous two months;
    - 2. Crossing two or more major weight percentiles downward;
  - D. Under five years of age and growth and development milestones have been met, but only via nutritional support consisting of high-calorie foods, nutritionally deficient foods, or both, and the transition to nutritionally and calorically-appropriate foods is warranted;
  - E. Demonstrates signs and symptoms of aspiration or penetration of liquids into the respiratory tract, resulting in respiratory issues such as pneumonia and respiratory distress;
  - F. Factor affecting neuromuscular coordination such as prematurity, low birth weight, hypotonia or hypertonia;
  - G. A sensory issue, such as autism, causing hypersensitivity to textures and limited food intake.

**CODING**

CPT® Codes	Description
92526	Treatment of swallowing dysfunction and/or oral function for feeding (not covered by MO)
92610	Evaluation of oral and pharyngeal swallowing function
92700	Unlisted otorhinolaryngological service or procedure (not covered by MO)

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description
R62.51	Failure to thrive (child)
R62.7	Adult failure to thrive
R63.3	Feeding difficulties
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member’s benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

**REFERENCES**

1. Houtrow, A., Murphy, N., Council On Children With Disabilities. Prescribing physical, occupational, and speech therapy services for children with disabilities. Am. Acad. Pediatr. 2019 April; 143(4).
2. Position statement: pediatric dysphagia. American Speech-Language-Hearing Association Web site. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965&section=Assessment>. Accessed April 28, 2020.
3. Hamilton, S.S. Developmental coordination disorder: Management and outcome. UpToDate website. Published September 23, 2019. Accessed May 1, 2020.

**REVIEWS, REVISIONS, and APPROVALS**

	Date	Approval Date
Policy adapted from WellCare's HS-188 Oral Function Therapy for Feeding Disorders. Removed criteria pertaining to adults. Minor wording changes for clarity.	05/20	05/20