

Policy Name: Pediatric Multidisciplinary Feeding Therapy

Policy Number: CMO 504

Effective Date of current policy: 9/1/2018

Description and Scope

This policy describes multidisciplinary pediatric feeding therapy and the indications for treatment.

Position Statement

1. Outpatient Pediatric Multidisciplinary Intensive Feeding Programs are considered medically necessary when ALL of the following criteria are met:
 - a. The individual has received a comprehensive history, physical and behavioral evaluation.
 - b. The individual has had adequate treatment for any contributing underlying medical conditions without resolution of the feeding problem. Documentation of specific interventions attempted by the interdisciplinary team that have not resulted in improvement over the course of at least a two(2) month period.
 - c. A feeding disorder has been diagnosed in association with a medical, nutritional or behavioral problem.
 - d. The program will be provided by an interdisciplinary team that includes the following: a behavioral health therapist, speech and language pathologist/therapist, occupational therapist, registered dietitian, clinical coordinator and supervising physician.
 - e. An individualized treatment plan is provided that defines short term and long term objectives with measurable metrics and which reflect meaningful improvement.
 - f. The treatment plan must include active participation of the child's parent or guardian.
 - g. Suboptimal score on nutritional assessment has been documented as indicated by any of the following:
 - a. A rate of weight that causes a decrease in 2 or more major percentile lines over time (e.g., from 75th to 25th) or
 - b. Weight loss or minimal weight gain over 2 months for children whose weight for height or weight for length is below the 5%.

****Note:** Regular documentation supporting significant progress toward treatment is required to determine the medical necessity of continuation of a pediatric intensive multidisciplinary feeding program.

- II. Inpatient Pediatric Multidisciplinary Intensive Feeding Programs are considered medically necessary when ALL of the following criteria are met:

- Individual meets above criteria for an outpatient pediatric intensive multi-disciplinary feeding program

- There is documented failure or contraindication for an outpatient intensive multi-disciplinary feeding program
- Individual is stable medically and is capable of participating in an inpatient multidisciplinary intensive feeding program

A pediatric intensive multidisciplinary feeding program is considered not medically necessary for any of the following:

- When the individual's condition is such that it would be medically appropriate to receive services in a less intensive setting (e.g., home feeding program can be utilized)
- Treatment provided is to prevent or slow deterioration in function or prevent reoccurrences
- Significant therapeutic improvement is not expected within two months
- Therapy that duplicates services already being provided as part of an authorized therapy program through another therapy discipline
- Swallowing/feeding therapy for food aversions in members that are meeting normal growth and developmental milestones
- When coordinated multidisciplinary care is not provided or not required

Background

Feeding Disorders - This term refers to a condition in which a child is unable or refuses to eat and/or drink sufficient quantities of food to support normal growth for the individual age. This avoidant or restrictive food intake can result in significant organic, nutritional or emotional ramifications.

Signs or symptoms of potential organic problems include dysphagia (difficulty swallowing), odynophagia (painful swallowing), choking, coughing or wheezing. Additional issues, although less urgent, may include growth failure, diarrhea and vomiting.

Behavioral issues, including but not limited to developmental disabilities and autism spectrum disorder, are another major factor in treatment of feeding disorders.

A comprehensive interdisciplinary team will usually include a behavioral health therapist, speech and language pathologist/therapist, registered dietitian, occupational therapist, clinical coordinator and supervising physician.

Definitions

Intensive Feeding Programs – Defined as a multidisciplinary approach to the assessment and management of complex swallowing and feeding disorders. These disorders are generally seen in younger children, unlike anorexia and bulimia which are commonly seen in adolescents and adults. However, some individuals up to the age of eighteen (18) may require the services of an intensive feeding program.

Outpatient Intensive Feeding Program – This setting is usually the appropriate for most individuals who require multidisciplinary intensive feeding therapy.

Inpatient Intensive Feeding Program – This setting is usually reserved for infants and children 3 years of age and under with a diagnosis of failure to thrive (FTT), [note: The American Academy of Pediatrics is moving away from the pejorative term, “Failure to Thrive”, recommending the use of “Pediatric Undernutrition”, as noted in its Bright Futures in Practice-Guidelines.], severe developmental or physical disabilities or following a surgical procedure.

**The individual must have failed an outpatient multidisciplinary intensive feeding program or is unable to participate in an outpatient program because of a medical contraindication.

Coding

Not applicable

References

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Medical Policy Committee History and Revisions

Date	Action
July 24, 2018	Initial approval by Medical Policy and Benefits Committee
June 25, 2019	Reworded sections for clarity; Removed CPT codes

Disclaimer

Affinity Health Plan has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits. The policies are not medical advice. Affinity Health Plan reserves the right to change medical policies.