

Clinical Policy: Pediatric Oral Function Therapy

Reference Number: LA.CP.MP.188 Last Review Date: 08/2020 Coding Implications Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

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.^{1,2}

Policy/Criteria

- **I.** It is the policy of Louisiana Healthcare Connections that 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.

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.^{1,2}

Common Causes of feeding and disorders include the following:²

- Complex medical conditions
- Developmental disability

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- 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:²

- 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

Coding Implications

This clinical policy references Current Procedural Terminology (CPT[®]). CPT[®] is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT ^{®*} Codes	Description
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral and pharyngeal swallowing function
92700	Unlisted otorhinolaryngological service or procedure

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				

Reviews, Revisions, and Approvals	Date	Approval Date
Converted corporate to local policy.	08/15/2020	



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§ion=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.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

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