

Clinical Policy: Pediatric Oral Function Therapy

Reference Number: CP.MP.188

Last Review Date: 05/21

[Coding Implications](#)

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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 health plans affiliated with Centene Corporation® 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

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- 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 are problems with a range of eating activities that may or may not include problems with swallowing. 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 2021, 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 |

| 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 |
| Updated background. References reviewed and updated. Replaced all instances of member with member/enrollee. Removed ICD-10 codes. | 05/21 | 05/21 |

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 29, 2021.
3. Hamilton, S.S. Developmental coordination disorder: Management and outcome. UpToDate website. Published September 23, 2019. Accessed April 29, 2021.

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. The Health Plan 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. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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 Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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