

NO. 91469-R5

FEEDING DISORDERS

Effective date: 12/01/2025

Last reviewed: 11/2025

Instruction for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This policy delineates Priority Health's coverage criteria for feeding disorders of infancy and childhood, and outlines the applicable benefits to that coverage.

Related policies:

- No. 91546 Psychological Evaluation and Management of Non-Mental Health Disorders

I. MEDICAL NECESSITY CRITERIA

- A. Services provided through a comprehensive, structured feeding disorders program are considered both medical and behavioral health services due to their focus on health factors and behavior modification.
- B. Intensive **outpatient** feeding disorders programs for treatment of ***feeding disorders of infancy and childhood are considered medically necessary if all*** of the following criteria are met:
 1. Feeding disturbance as manifested by persistent failure to eat adequately with significant failure to gain weight or significant loss of weight over at least one month. Some children may have adequate growth parameters but due solely to enteral feedings or heavy reliance on liquid supplements.
 2. Disturbance is not solely due to an associated GI or other general medical condition (e.g., esophageal reflux).
 3. Disturbance is not better accounted for by another mental disorder (e.g., rumination disorder) or lack of available food.

4. Patient is medically compromised but stable.
 5. Requires a structured and consistent therapeutic environment for feeding.
 6. Patient and parents are able to participate in a full program of therapies.
 7. Less restrictive interventions have been unsuccessful. (Traditional outpatient therapy services without behavioral or medical management).
- C. **Inpatient** feeding disorders programs for treatment of **feeding disorders of infancy and childhood are considered medically necessary if** intensive outpatient management has failed or is not deemed appropriate for one or both of the following reasons:
1. Medically fragile as evidenced by one of the following:
 - a. History of prematurity, GERD, developmental delays, tone differences, moderate to severe GI involvement, mild to moderate respiratory concerns.
 - b. Significant malnutrition, failure to thrive, a decrease of two or more percentiles on their appropriate growth curve, risk of dehydration or shutting down, medically complicating condition.
 - c. History of limited therapeutic improvement with outpatient evaluation and therapy.
 2. Severe psychosocial variables as evidenced by all of the following:
 - a. Evidence of caregiver being unprepared or unable to provide monitoring and follow treatment recommendations for the child in the home environment.
 - b. Concern noted regarding the caregiver's ability to follow recommendations between feeding sessions.
 - c. Caregiver demonstrates an inability to follow recommendations between feeding sessions and child requires observation, monitoring and opportunities to practice skills on a daily basis.
- D. Limits/Indications
1. Prior authorization must be obtained for intensive outpatient and inpatient treatment through the Health Management department. Authorizations for services covered under the behavioral health benefit will be coordinated between the Medical and Behavioral Health departments.
 2. Services that are primarily medical in nature are covered as a medical benefit if the member is under the care of a non-mental health physician in an acute bed for the treatment of a medical complication (e.g. dehydration, hypokalemia).
 3. Services for psychotherapy and psychological evaluation and testing conducted by behavioral health providers in the outpatient setting are covered under the behavioral health benefit. Other behavioral health services related to behavior modification are covered under the medical benefit. Use of health and behavior codes for services provided by psychologists and social workers may be appropriate (*see medical policy #91546 Psychological Evaluation and Management of Non-Mental Health Disorders*).

4. Residential behavioral health services for the treatment of feeding disorders are not covered.
5. Therapy must be provided at a Priority Health approved facility.
6. For **Medicaid/Healthy Michigan Plan** members as of July 1, 2018, Pediatric Outpatient Intensive Feeding Program Services may be reimbursed through Medicaid Fee-for Service (FFS). Covered services that are carved out of the Medicaid Health Plan (MHP) delivery system will be reimbursed through FFS consistent with applicable Medicaid policy.

Refer to the relevant sections within the current [Michigan Department of Health and Humans Services \(MDHHS\) Medicaid Provider Manual](#) for current information:

Referrals:

Pediatric Outpatient Intensive Feeding Program Services

Special Programs:

Pediatric Outpatient Intensive Feeding Program Services

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals.

For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None identified.	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None identified.
First Coast Service Options, Inc.	None identified.
National Government Services, Inc.	None identified.
Noridian Healthcare Solutions	None identified.
Novitas Solutions, Inc.	None identified.
Palmetto GBA	None identified.
WPS Insurance Corporation	None identified.

III. BACKGROUND

A feeding disorder of infancy or early childhood is the failure of a young child to obtain adequate nutrition, which is reflected by weight loss or a failure to gain weight appropriately for development.

Feeding disorders are diagnosed when the infant or young child appears malnourished and the problem is not solely caused by a medical condition (such as [cleft palate](#), [congenital heart disease](#), or chronic [lung disease](#)), or a disorder that causes pervasive developmental disorder (PDD).

The cause of these disorders is often unknown, but they can result from a variety of factors such as poverty, dysfunctional child-caregiver interactions, or parental misinformation about appropriate diet to meet the child's needs.

Failure to gain weight can also be caused by other conditions including:

- Dysphagia: including oral, pharyngeal, and/or esophageal phases.
- Gastroesophageal reflux and/or gastrointestinal dysmotility.
- Food intolerance or aversion: including acceptance of very limited food textures or types, limited range of foods in diet that is not age appropriate, and/or low volumes of food intake consumed for age.
- Prolonged enteral feedings: including children who are failing at transitioning from all liquid supplemental nutrition, either by G-Tube or oral ingestion to an age appropriate diet.
- Maladaptive behaviors related to feeding (i.e. spitting, crying turning head, gagging, oral aversions), exclusive of psychiatric disorders (anorexia, bulimia).
- Medical conditions such as cleft palate, congenital heart disease, chronic renal failure or chronic lung disease.

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
No directly relevant medical or professional society guidelines or similar were identified.	

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See [U.S. Food & Drug Administration \(FDA\) Medical Device Databases](#) for the most current information.

VI. CODING

ICD-10 Codes that may support medical necessity:

E41 Nutritional marasmus
E43 Unspecified severe protein-calorie malnutrition
P92.2 Slow feeding of newborn
P92.3 Underfeeding of newborn
P92.5 Neonatal difficulty in feeding at breast
P92.6 Failure to thrive in newborn
P92.8 Other feeding problems of newborn
P92.9 Feeding problem of newborn, unspecified
R62.51 Failure to thrive (child)
R63.3 Feeding difficulties
R63.8 Other symptoms and signs concerning food and fluid intake

CPT/HCPCS Codes

S0317 Disease management program; per diem (*billable for programs described by this policy only.*)

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the [Priority Health Provider Manual](#).

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and

Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

1. American Speech-Language-Hearing Association. (n.d.). *Pediatric feeding and swallowing* [Practice portal]. <https://www.asha.org/practice-portal/clinical-topics/pediatric-feeding-and-swallowing/>
2. Daley SF, Riaz Y, Sergi C. Pediatric Feeding Disorders: Recognition, Diagnosis, and Management. 2025 Jun 13. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan–. PMID: 33231976.
3. Goday PS, Huh SY, Silverman A, Lukens CT, Dodrill P, Cohen SS, Delaney AL, Feuling MB, Noel RJ, Gisel E, Kenzer A, Kessler DB, Kraus de Camargo O, Browne J, Phalen JA. Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework. *J Pediatr Gastroenterol Nutr*. 2019 Jan;68(1):124-129. doi: 10.1097/MPG.0000000000002188. PMID: 30358739; PMCID: PMC6314510.
4. Kerzner B, Milano K, MacLean WC Jr, Berall G, Stuart S, Chatoor I. A practical approach to classifying and managing feeding difficulties. *Pediatrics*. 2015 Feb;135(2):344-53. doi: 10.1542/peds.2014-1630. Epub 2015 Jan 5. PMID: 25560449.
5. Michigan Department of Health & Human Services (MDHHS). Pediatric Outpatient Intensive Feeding Program Services. Medical Services Administration Bulletin # MSA 18-10. M July 1, 2018. https://www.michigan.gov/documents/mdhhs/MSA_18-10_624436_7.pdf

Past review dates: 6/03, 11/03, 11/04, 10/05, 10/06, 10/07, 12/07, 10/08, 10/09, 10/10, 10/11, 10/12, 10/13, 11/14, 11/15, 11/16, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22, 11/23, 11/24

AMA CPT Copyright Statement: All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.