

**FEEDING DISORDERS**

Effective Date: December 1, 2024

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11/23, 11/24

Date Of Origin: June 25, 2003

Status: Current

**Summary of Changes**

## Deletions:

- Under I. B.: Deleted criterion that onset of disorder is before age 6 years.

**I. POLICY/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.

## **II. MEDICAL NECESSITY REVIEW**

Prior authorization for certain drugs, 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, please refer to the [Priority Health Provider Manual](#).

## **III. APPLICATION TO PRODUCTS**

Coverage is subject to 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) and/or the Evidence of Coverage (EOC); 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 located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

#### **IV. DESCRIPTION**

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:

- A. Dysphagia: including oral, pharyngeal, and/or esophageal phases.
- B. Gastroesophageal reflux and/or gastrointestinal dysmotility.
- C. 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.
- D. 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.
- E. Maladaptive behaviors related to feeding (i.e. spitting, crying turning head, gagging, oral aversions), exclusive of psychiatric disorders (anorexia, bulimia).
- F. Medical conditions such as cleft palate, congenital heart disease, chronic renal failure or chronic lung disease.

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

**V. CODING INFORMATION**

**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 <i>(billable for programs described by this policy only.)</i>
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**VI. REFERENCES**

1. 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](https://www.michigan.gov/documents/mdhhs/MSA_18-10_624436_7.pdf)

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