

OHCA Guideline

Medical Procedure Class:	Treatment of swallowing dysfunction and/or oral function for feeding
Initial Implementation Date:	July 2017
Last Review Date:	May 2025
Effective Date:	June 2, 2025
Next Review/Revision Date:	June 2028
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Disability: According to the World Health Organization (WHO), “disability” is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations</p> <p>Dysphagia: Swallowing disorders which can occur in one or more of the four phases of swallowing; oral preparatory, oral transit, pharyngeal phase and esophageal phase, and may result in aspiration or retrograde flow of food into the nasal cavity. Swallowing is a complex process during which saliva, liquids, and foods are transported from the mouth into the stomach while keeping the airway protected. Dysphagia can affect individuals of all ages from newborn through adulthood and can result in chronic airway disorders and difficulty with adequate growth and nutrition.</p> <p>Licensed Qualified Clinician: May include a fully licensed Speech-Language Pathologist as described below OR a Speech language pathology Clinical Fellow who has completed the necessary educational requirements and work experience necessary for the Certificate or has completed the academic program and is acquiring supervised work experience to qualify for the Certificate of Clinical Competence</p> <p>Speech Language Pathologist (SLP): Fully licensed, Master's degree, ASHA certified speech language pathologist holding the Certificate of Clinical Competence in Speech-Language Pathology.</p>	
<p>Qualified health professional: A medical doctor (MD), osteopathic doctor (DO), physician's assistant (PA), certified nurse practitioner (CNP), or an advanced practice registered nurse (APRN) who is currently contracted with Sooner Care.</p>	
Description	
<p>Swallowing/oral function therapy is a skilled service provided to support or achieve safe, efficient oral intake, determine optimum feeding strategies to maximize swallowing safety and efficiency, reduce the risk of pulmonary complications and develop treatment plans to facilitate the least restrictive diet and/or provide therapeutic management for symptoms of oropharyngeal dysphagia.</p>	

CPT Codes Covered Requiring Prior Authorization (PA)
92526 Oral function therapy – treatment of swallowing dysfunction and/or oral function for feeding
Approval Criteria
<p>I. GENERAL</p> <ul style="list-style-type: none"> A. Medical necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records, evidence sufficient to justify the member's needs for the service in accordance with the OAC 317:30-3-1(f)(2). B. Frequent changes of therapists within the same group should be avoided as it impacts continuity of care and may negatively impact a child's ability to make progress. Any changes in therapists should be reported and rationale given. C. Treatments are expected to be evidence-based and result in significant, functional improvement in a reasonable and generally predictable period of time or are necessary for the establishment of a safe and effective maintenance program. D. The complexity of the therapy and the patient's condition must require the judgment and knowledge of a licensed qualified clinician as defined above, practicing within the scope of practice for that service. Services that do not require the performance or supervision of a qualified clinician are not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional. <p>II. INDICATIONS</p> <ul style="list-style-type: none"> A. Service must be linked to an ICD-10-CM diagnosis code, which should be supported in the clinical documentation. Diagnoses impacting swallowing may include but are not limited to developmental disabilities, complex medical conditions, factors affecting neuromuscular coordination, genetic syndromes, neurological disorders, structural abnormalities, and socio-emotional factors. B. For dysphagia and/or oral feeding aversion (that is not solely sensory based) the following must be considered: <ul style="list-style-type: none"> 1. Services are based upon the specific needs of the child at the time of the evaluation and the child's measurable response to treatment on a weekly basis. 2. Discharge is recommended when the child has reached a plateau (i.e., no qualitative gains made over a period of at least three weeks), is able to continue with a home management program, or maximum potential has been achieved.

3. If the child is currently NPO (nothing presented by mouth), develop an appropriate plan of care with introduction of P.O. when appropriate.
4. If oral feedings are appropriate, determine the least restrictive diet consistency and liquid level.
5. Determine compensatory strategies to improve the safety and efficiency of P.O. intake, (such as positioning/posture, rate of intake, bolus amount, special devices and feeding implements, etc.).
6. Educate and train the child and/or parent/caregiver, if age-appropriate, about swallowing and feeding disorders, specific safe swallow strategies and provide written instructions to the child, his/her family and caregivers.
7. Provide oral motor exercises to improve oral motor control of the bolus and the voluntary stage of the swallow.
8. Provide therapy to stimulate the swallow reflex.
9. Provide exercises to increase adduction of tissues to improve airway protection.
10. Develop a treatment plan to increase the types, textures, and amounts of food and liquids accepted by the patient.
11. Facilitate development of age-appropriate feeding skills in the least restrictive environment possible.
12. Facilitate team collaboration between a variety of disciplines including occupational therapist, behavioral therapist, nutritionist/dietician, teachers and paraprofessionals, primary care physician, audiologist, gastroenterologist, otolaryngologist, and other treating physicians.
13. Document progress and modify the treatment plan to meet the needs of the child when indicated. Functional progress towards reasonable goals must be clearly documented at least every 6 months.
14. Determine child specific dismissal criteria.
15. Requests for treatment to decrease feeding aversions, increase food repertoire, and expand tolerance to different textures of foods are approvable **ONLY** when clinical symptoms of oral and/or oropharyngeal dysphagia are also present.

III. DOCUMENTATION

Prior Authorization (PA) request for treatment of swallowing dysfunction and/or oral function for feeding must include **all** the following documentation.

- A. The Prior Authorization request packet which includes;
 1. A signed and dated referral from the member's treating provider (M.D., D.O., APRN, CNP, PA). The referral/Rx must designate speech therapy and the ICD-10-CM diagnosis/description. Orders are considered valid for one year from the physician's signature; **AND**
 2. Visit notes from the member's treating physician (considered valid for one year); **AND**
 3. A signed and dated parental consent form (for members under the age of 18), dated within one year; **AND**
 4. A copy of the most recent swallowing evaluation report with recommendations and treatment plan, dated within one year; **AND**
 5. A completed HCA-61 Therapy Prior Authorization Request form.

- B. Subjective information that details factors contributing to progress or lack thereof and location of therapy.
- C. Objective, descriptive information linked to long and short-term goals that include accuracy and level of skilled involvement provided by the professional.
- D. Interpretation of treatment plan that describes how the subjective findings influence the member's objective progress.
- E. Ongoing assessment to determine plan for future sessions and discharge planning.
- F. Any information regarding discharge or transfer of services should be included in the daily clinical documentation.
- G. Requests for the continuation of services must include all the above documentation plus a detailed progress summary outlining the member's response toward all goals addressed during the previous authorization period.

Note: Additional information may be requested.

Continuation Criteria

- I. Prior Authorization for the treatment of swallowing dysfunction and/or oral function for feeding may be approved for up to six (6) months.
- II. Request outside this guideline will be referred for medical director review.

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. Arvedson, Joan C. (October 2008). Food for Thought on Pediatric Feeding and Swallowing. Swallowing and Swallowing Disorders (Dysphagia) 17; 110-118.
3. Arvedson, J. C. (2008). Assessment of pediatric dysphagia and feeding disorders: clinical and instrumental approaches. Developmental Disabilities Research Reviews, 14(2), 118-127.
4. Beecher, Robert and Alexander, Rona. (December 2004) Pediatric Feeding and Swallowing: Clinical Examination and Evaluation. Swallowing and Swallowing Disorders (Dysphagia) 13; 21-27.
5. Goday, Praveen S.; Huh, Susanna Y.; Silverman, Alan; Lukens, Colleen T.; Dodrill, Pamela; Cohen, Sherri S.; Delaney, Amy L.; Feuling, Mary B.; Noel, Richard J.; Gisell, Erika; Kenzer, Amy; Kessler, Daniel B.; Kraus de Camargo, Olaf; Browne, Joy; Phalen, James A. Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework. Journal of Pediatric Gastroenterology and Nutrition 68(1):124-129, January 2019. doi:10.1097/MPG.0000000000002188
6. <http://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit-Medical-Necessity/>
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8. <https://www.asha.org/practice-portal/clinical-topics/pediatric-feeding-and-swallowing/>
9. <http://www.who.int/topics/disabilities/en/>
10. https://www.asha.org/Practice-Portal/Clinical-Topics/Autism/#collapse_2
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12. <http://www.asha.org/Practice/reimbursement/medicare/Examples-of-Documentation-of-Skilled-and-Unskilled-Care-for-Medicare-Beneficiaries/>

13. <http://www.asha.org/Code-of-Ethics/>
14. <http://leader.pubs.asha.org/article.aspx?articleid=2108111>
15. Pediatric Dysphagia
<https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=References>
16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5350575>