OHCA Guidelines

Medical Procedure:	Evaluation of oral and pharyngeal swallowing function
Implementation Date:	July 1, 2017
Review/Revision Date:	
Chief Medical Officer (CMO) Signature/Date:	6/21/2017
Director Medical Authorization and Review (MAR) Signature/Date:	6-26-17
Author Signature/Date:	6/26/17

* This document is not a contract, and these guidelines do not reflect or represent every conceived 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.

☒ New Criteria ☐Revision of Existing Criteria

Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions:

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.

Pediatric Dysphagia- difficulty with any step of the feeding process—from accepting foods and liquids into the mouth to the entry of food into the stomach and intestines. Clinical symptoms may include abnormal tongue movement patterns in the first few days after birth, red flags for aspiration during and/or after nursing/mealtime, silent aspiration, pneumonia, recurring chest congestion after PO intake, and/or difficulty sustaining adequate nutrition and hydration. Also apnea, bradycardia and cyanosis related to feeding, poor management of secretions, feeding difficulties (sucking, poor oral motor skills or abnormalities in the oral phase and/or impaired pharyngeal motility of the bolus.

CPT Codes Covered: 92610; see CPT Manual for definition of codes.

Non Covered Items: None identified

Approval Criteria:

I. **GENERAL**

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)**.

B. Speech-language pathology evaluations are covered for the pediatric population (ages 0-20 at the time of evaluation) when it is medically appropriate.
C. The evaluation process must consist of:
    a. Age, related diagnosis, medication, techniques and positioning used during feeding.
    b. Oral peripheral evaluation to assess structure and function.
    c. Assessment information regarding preparatory phase, oral phase and clinical signs of pharyngeal phase disorder.
    d. Clinical judgments of the adequacy of airway protection and coordination of respiration and swallowing.
    e. Identify the presence and observe the characteristics of a dysphagia based on clinical signs and symptoms.
    f. Assessment of the effects of compensatory strategies such as altering bolus size and/or bolus delivery rate, alternating liquids and solids, and therapeutic postures or maneuvers on the swallow.
    g. The use of screening tools (such as cervical auscultation and pulse oximetry) may be used in the assessment process to detect and monitor clinical signs of dysphagia.
    h. Assessment of speech and vocal quality.
    i. Include plan of care based on child's medical history, prior level of function, current medical and nutritional status, date of onset, age, cognitive abilities, contributing behavioral and psychological factors, specific quality of life issues and clinical findings.
    j. In accordance with Provider Letter 2014-13; Parents/caregivers are required to attend and to appropriately participate in the initial evaluation of the member. Participation should include collection of available history and background information regarding the member's suspected condition and how it may impact potential treatment programs. Documentation of current or previous therapy program is required for all prior authorization requests for continuance of therapy or therapy for new diagnoses.
    k. Long and short-term goals are required and must be specific, measurable, attainable, relevant and timely.
D. In accordance with Provider Letter 2014-13; Parents/caregivers are required to attend and to appropriately participate in the initial evaluation of the member. Participation should include collection of available history and background information regarding the member's suspected condition and how it may impact potential treatment programs.
E. The speech language pathologist must consult with the ordering provider on the clinical findings and proceed as agreed by the ordering provider.
F. Evaluation procedures are required annually for continued services as symptoms and level of impairment will change over time and may no longer be medically necessary.

II. DOCUMENTATION REQUIRED FOR ALL EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION REQUESTS MUST INCLUDE:

A. Supporting evidence must include an order (written within a year) from a contracted qualified health professional (M.D., D.O., P.A., C.N.P., A.R.N.P.) requesting an evaluation of oral and pharyngeal swallowing function; **AND**
B. Clinical documentation within the previous one year which clinically supports the requested services; **AND**
C. A signed parental consent form within the one year; **AND**

D. A completed HCA-61 Therapy Prior Authorization Request form; **AND**
E. In the instance of pediatric dysphagia all of the above requested documentation must be submitted **AND** must also include the additional documentation of:
    a. Difficulty in swallowing which can compromise the child's ability to get adequate hydration and nutrition and may lead to dehydration and aspiration; **AND**
    b. Documentation of any comorbidities that affect general management or require medical management; **OR**
F. In the instance of oral feeding aversions all of the above requested documentation must be submitted **AND** must include the additional documentation of :
    a. Refusal to consume appropriate foods/liquids for age and development, extreme gagging or vomiting during or after meals, behavior outbursts such as screaming, tantrums or attempts to escape the feeding environment and/or growth deficiency and/or failure to thrive; **AND**
    b. The items listed above must impact the oral and/or pharyngeal phase of the swallow and/or impact the child's ability to safely maintain adequate nutrition and hydration in order to necessitate the involvement of a speech-language pathologist.

III. INDICATIONS:

A. The requested oral and pharyngeal swallowing function evaluation must be "linked" to an ICD-10-CM diagnosis code which is supported within the submitted clinical documentation. Diagnoses impacting swallowing and oral function include, but are not limited to: prematurity, anatomical or structural problems at birth, genetic conditions, neurological conditions, oral motor dysfunction, metabolic disorders, brain injury, transition from tube feeding to oral feeding, psychosocial or behavioral issues that affect feeding or swallowing, gastroesophageal reflux disease (GERD), developmental delays, sensory disorders, and/or surgeries or procedures affecting swallowing.

Denial Criteria: Request outside the guidelines.

Approval Period: 90 Days

References:

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. http://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit-Medical-Necessity/
3. http://www.asha.org/uploadedFiles/practice/reimbursement/mednecfifinal3.pdf
4. http://www.asha.org/policy/
5. http://www.who.int/topics/disabilities/en/
6. http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/cshcn-MedicalNecessity.pdf
7. http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/Family-Centered-Practice/
8. http://ajslp.pubs.asha.org/article.aspx?articleid=1757632
9. http://www.asha.org/Research/EBP/Introduction-to-Evidence-Based-Practice/
10. http://www.asha.org/Practice/reimbursement/medicare/Examples-of-Documentation-of-Skilled-and-Unskilled-Care-for-Medicare-Beneficiaries/

11. http://www.asha.org/Code-of-Ethics/
12. http://leader.pubs.asha.org/article.aspx?articleid=1788368
13. http://www.asha.org/policy/KS2002-00079.htm
14. http://leader.pubs.asha.org/article.aspx?articleid=2108111
15. Arvedson, Joan C. (October 2008). Food for Thought on Pediatric Feeding and Swallowing. Swallowing and Swallowing Disorders (Dysphagia) 17; 110-118.
16. Beecher, Robert and Alexander, Rona. (December 2004) Pediatric Feeding and Swallowing: Clinical Examination and Evaluation. Swallowing and Swallowing Disorders (Dysphagia) 13; 21-27.
17. Arvedson, J. C. (2008). Assessment of pediatric dysphagia and feeding disorders: clinical and instrumental approaches. Developmental Disabilities Research Reviews, 14(2), 118-127