

Pediatric feeding program

We provide coverage for this procedure for members 18 years of age or younger who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: S031

See below for the questions you'll encounter in the e-referral system.

<p>Q Was the member referred by a qualified medical professional experienced in the care of children for the pediatric feeding program?</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q Was it determined after a thorough medical and nutritional evaluation that the patient has a potentially treatable underlying condition (such as, endocrine disorders, thyroid disease, etc.)?</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q Does the patient have a pattern of significant malnutrition and/or failure-to-thrive that is related to inadequate dietary intake resulting from an abnormal relationship to food (for example aversion, swallowing dysregulation)?</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



Q Did the patient try and fail 3-4 months of traditional outpatient approaches (A through G) to improve dietary intake and growth? A. Complete medical evaluation to assess an undiagnosed condition complicating the ability to eat and/or gain weight. B. Parent/caregiver evaluation to determine if parenting dynamics may be impacting ability to eat and/or gain weight. C. Gastrointestinal evaluation to rule out primary GI diagnosis or intestinal mechanical issues. D. Calorie counts. E. Home based feeding strategies. F. Behavioral evaluation to ascertain impacts on feeding. G. Possible PT evaluation to help assess developmental challenges that may impact feeding.

A

Possible answers: Yes No

Q Does the patient have mild to moderate feeding difficulties but meets normal growth and developmental milestones?

A

Possible answers: Yes No

Q Is the request for a maintenance program?

A

Possible answers: Yes No

Q Is the request for an INTENSIVE INPATIENT feeding program and the patient is deemed medically unstable as evidence by one or more of the following (A through G)? A. Bradycardia. B. Congestive heart failure. C. Dehydration (documented clinically and on labs). D. Electrolyte abnormalities. E. Hypotension. F. Hypothermia. G. Other clinical circumstances where cardiac, pulmonary, hepatic, metabolic or renal status are at risk in the judgment of the attending physician. NOTE: You MUST select N/A if the request is for an INTENSIVE OUTPATIENT DAY program.

A

Possible answers: Yes No N/A