

What is a pediatric feeding disorder?

A pediatric feeding disorder (PFD) is defined as impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction (Goday, et al, 2019)¹

What is the PFD diagnostic criteria?

Proposed diagnostic criteria by Goday, et al (2019) are as follows:

A. A disturbance in oral intake of nutrients, inappropriate for age, lasting at least 2 weeks and associated with 1 or more of the following:

1. Medical dysfunction, as evidenced by any of the following:
 - a. Cardiorespiratory compromise during oral feeding
 - b. Aspiration or recurrent aspiration pneumonitis
2. Nutritional dysfunction, as evidenced by any of the following:
 - a. Malnutrition
 - b. Specific nutrient deficiency or significantly restricted intake of one or more nutrients resulting from decreased dietary diversity
 - c. Reliance on enteral feeds or oral supplements to sustain nutrition and/or hydration
3. Feeding skill dysfunction, as evidenced by any of the following:
 - a. Need for texture modification of liquid or food
 - b. Use of modified feeding position or equipment
 - c. Use of modified feeding strategies
4. Psychosocial dysfunction, as evidenced by any of the following:
 - a. Active or passive avoidance behaviors by child when feeding or being fed
 - b. Inappropriate caregiver management of child's feeding and/or nutrition needs
 - c. Disruption of social functioning within a feeding context
 - d. Disruption of caregiver-child relationship associated with feeding

B. Absence of the cognitive processes consistent with eating disorders and pattern of oral intake is not due to a lack of food or congruent with cultural norms.

What does 'medical necessity' mean?

Services or supplies that are deemed necessary to diagnose or treat a medical condition that aligns with current medical practice standards. It is important to note that there are no national guidelines for what is considered medically necessary. They vary by state and by insurance

¹ Goday, P. S., Huh, S. Y., Silverman A., Lukens C. T., Dodrill P., Cohen, S. S., Delaney A. L., Feuling, M. B., Noel, R. J., Gisel E., Kenzer A., Kessler D. B., de Camargo O. K., Browne J., Phalen J. A. (2019). Pediatric Feeding Disorder: Consensus definition and conceptual framework. *Journal of Pediatric Gastroenterology and Nutrition*, 68(1),124-129. doi: 10.1097/MPG.0000000000002188

company. Make sure to review both your insurance company's and state's definition and guidelines for 'medical necessity' prior to writing the appeal.

What should be included with your insurance appeal?

- Your insurance appeal letter on your child's behalf
- A letter from your child's doctor *and* specialist addressing child's diagnosis and medical and treatment needs
- Any information from your child's medical records *relevant* to the insurance claim
- Peer-reviewed medical journals (open-access PFD articles found at: <https://www.feedingmatters.org/resources-support/resource-library/>) which support medically necessary treatment for your child's diagnosis

How to write an insurance appeal for your child:

- Your name, policy number, group number, claim number and any other information that identifies the insurance claim
- Clearly write why your insurance provider denied the insurance claim
- A *brief* history of your child's diagnosis and the medically necessary treatment. Make sure it is very short and simple. The doctor's appeal, that you include, will have more detail about what is medically needed to treat and manage your child's pediatric feeding disorder.
- Include the *correct* information. If there was an error in your denial, make sure to correct this error in your appeal. Examples include coding errors or misinformation about treatment needs for this diagnosis
- Why you believe the claim denial was wrong.
- What you are asking of the insurance company. Generally, this is asking the insurer to reconsider your claim and approve coverage.

RE: Child's name:
Group #:
Claim #:

Date:

[Address of Claims review department]

Dear Claims Review Department:

I am writing this medical appeal on behalf of my child, **[child's name, age, and primary diagnosis]**, in regards to a claim submitted by **[Medical Provider]**. The financial charges were rendered on **[date]** and totaled **[claim dollar total]**. **[Health Plan]** has denied payment for **[insert type of medical service denied]**, stating that it was **[insert reason for denial]**.

[Child's name] has a diagnosis of pediatric feeding disorder which includes **[insert child's medical conditions and diagnosis]**. **[He/she/they]** requires **[list medical intervention and medically necessary equipment]** in order to manage the symptoms of **[his/her/their]** pediatric feeding disorder.

The explanation of benefits I received from **[Health Plan]** did not adequately describe the reason you denied my claim. In order to properly evaluate your decision, please provide me with the name and credentials of the insurance representative who made the decision to not pay for this medical procedure, an outline of the records reviewed and any other information used to support your decision.

Additionally, I have included a statement of medical necessity from the attending physician who is also prepared to provide a rebuttal to your decision once you have provided me with the requested information.

Thank you for your time and consideration.

Sincerely,

[Your name], parent of **[child's name]**

[Signature]

Enclosures:

- Statement of medical necessity from the medical provider
- Statement of medical necessity of treatment by **[occupational therapist/speech language pathologist]**
- Relevant medical records
- Peer-reviewed journal articles