

# MARYLAND MEDICARE PART A

**Policy No:** 00-02

**Topic:** **Fiberoptic Endoscopic Examination Of Swallowing Safety (FEES)**  
*and*  
**Fiberoptic Endoscopic Evaluation Of Swallowing With Sensory Testing (FEESST)**

## **Effective Date**

March 13, 2000

## **Ending Effective Date**

Not applicable at this time.

## **Description**

Dysphagia is difficult or impaired swallowing and most often reflects organic disease involving the esophagus, proximal stomach, gastroesophageal junction, or pharynx. Patients' complaints may include the sensation of food "sticking," "stopping," or "hanging up," which is usually felt above or at the level of the abnormality. Patients with dysphagia are at risk for aspiration.

An evaluation of the patient's swallowing mechanism may include multiple processes such as a clinical bedside evaluation of swallowing, an evaluation of oral-motor functioning or videofluoroscopic assessment.

## Fiberoptic Endoscopic Examination of Swallowing Safety (FEES)

### **Description**

This procedure utilizes a fiberoptic laryngoscope, which is passed transnasally to the hypopharynx, where the larynx and surrounding structures are viewed. Detailed information regarding the anatomy and physiology and motor assessment of the pharyngeal stage of swallowing is obtained. Therapeutic maneuvers are attempted during this examination to determine a safe diet and to maximize the efficiency of the swallow.

## Fiberoptic Endoscopic Evaluation of Swallowing with Sensory Testing (FEESST)

### Description

Fiberoptic Endoscopic Evaluation of Swallowing with Sensory Testing (FEESST) is an alternative to modified barium swallow evaluation of patients at risk for aspiration. The procedure utilizes the passage of a specially equipped flexible endoscope into the oropharynx. The special equipment includes a sensory stimulator that allows quantification of stimuli, a television monitor, a video printer, and a videocassette recorder.

Sensory evaluation is completed by delivering pulses of air at sequentially increased pressures to elicit the laryngeal adductor reflex. Motor evaluation is completed by giving various food items with different consistencies while factors such as oral transit time, inhibition of swallowing, laryngeal elevation, spillage, residue, condition of swallow, laryngeal closure, reflux, aspiration, and ability to clear residue, are monitored.

The entire procedure may be performed at the bedside. The use of topical anesthesia may interfere with the sensory test and is usually not indicated.

### **Policy Type**

Local Medical Review Policy

### **Indications and Limitations of Coverage and/or Medical Necessity**

#### Fiberoptic Endoscopic Examination of Swallowing Safety (FEES)

This procedure will incorporate both the placement of the flexible fiberoptic laryngoscope and the evaluation of swallowing and oral function for feeding.

The procedure code encompasses the entire procedure and should not be billed more than one time for the same patient on the same day.

#### Fiberoptic Endoscopic Evaluation of swallowing with Sensory Testing (FEESST)

The clinical efficacy and applicability of the addition of sensory testing to the FEES procedure has not been determined. These services will not be reimbursed at a higher amount than the FEES procedure.

FEES and FEESST may be indicated for the evaluation of a patient with dysphagia who is at risk for aspiration.

These procedures may be indicated for the following clinical syndromes:

- Patients with stroke or other Central Nervous System (CNS) derangement with associated impairment of speech and swallowing;
- Patients without obvious CNS disorder, but with documented difficulty in swallowing;
- Patients with a clinical history of aspiration or a history of aspiration pneumonia;
- Presence of oral motor disorders with symptoms such as drooling, oral food retention, leakage of food or liquids placed in the mouth; and,
- Lack of coordination, sensation loss, postural difficulties or other neuromotor disturbances affecting oropharyngeal abilities necessary to close the buccal cavity and/or bite, chew, suck, shape, and squeeze the food bolus into the upper esophagus while protecting the airway.

The results of FEES and FEESST testing should be used in the clinical decisions affecting the every day dietary management of the impaired patient, and to order/plan/evaluate appropriate therapy programs; for example, whether or not to place a gastrostomy tube for feeding.

## **Limitations**

These services can be performed only under the direct supervision of a physician. Direct supervision outside the office setting requires the physician to have face-to-face contact with the patient and to be in the room while the auxiliary personnel is rendering the service. The physician must remain with the patient and auxiliary personnel for the duration of the treatment. The availability of the physician by telephone and the presence of the physician somewhere in the facility do not constitute direct supervision.

Direct supervision in the office setting does not mean that the physician must be physically present in the same room with the auxiliary personnel. However, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the auxiliary personnel are performing services. Availability of the physician by telephone does not constitute direct supervision.

The use of topical anesthesia may interfere with the sensory test and is usually not indicated.

FEESST is not recommended if the suspected pathology is an esophageal lesion.

## **HCPCS Section**

Surgery/Respiratory

Medicine

## **Type(s) of Bill**

11X, 13X, 14X, 18X, 21X, 83X, 85X

## **Revenue Codes**

36X, 45X, 49X, 761 for HCPCS code 31575

420, 430, 440 for HCPCS code 92525

## **HCPCS Codes**

31575© Laryngoscopy, flexible fiberoptic; diagnostic

92520© Laryngeal function studies

92525© Evaluation of swallowing and oral function for feeding

## **ICD-9-CM Codes that Support Medical Necessity**

When procedure codes 31575, 92520, and 92525 are used to report FEESST as described within this policy, the following diagnosis code(s) will be considered by Medicare to support medical necessity:

332.0 Paralysis agitans

332.1 Secondary Parkinsonism

333.0 Other degenerative diseases of the basal ganglia

333.2 Myoclonus

333.4 Huntington's chorea

333.5 Other choreas

333.6 Idiopathic torsion dystonia

333.81-333.89 Fragments of torsion dystonia

333.90-333.99 Other and unspecified extrapyramidal diseases and abnormal movement disorders

335.20 Amyotrophic lateral sclerosis

341.0-341.9 Other demyelinating diseases of central nervous system

342.00-342.92 Hemiplegia and hemiparesis

436	Acute, but ill-defined, cerebrovascular disease
438.11	Speech and language deficits; aphasia
438.12	Speech and language deficits, dysphasia
438.2	Hemiplegia/hemiparesis
438.82	Other late effects of cerebrovascular disease; dysphagia
507.0	Pneumonitis due to inhalation of food or vomitus
783.3	Feeding difficulties and mismanagement
784.9	Other symptoms involving head and neck (choking sensation)
787.2	Other late effect of cerebrovascular disease, dysphagia
933.1	Foreign body in larynx
934.0-934.1	Foreign body in trachea, bronchus and lung
934.8-934.9	
V48.3	Mechanical and motor problems with neck and trunk

### **Non-covered ICD-9-CM Code(s)**

- When procedure codes 31575, 92520, and 92525 are used, any ICD-9-Cm code not listed in the section “ICD-9-CM Codes that Support Medical Necessity” will not support medical necessity.
- The use of V82.9 or other diagnosis code indicating routine screening test performed in the absence of a specific sign, symptom or complaint will result in denial.
- Use of ICD-9-CM diagnosis codes V70.0-V70.9 will result in denial of claims.

### **HCFA National Policy**

Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

### **Reasons for Denial**

- Lack of supporting documentation in the medical record to reflect the medical necessity for the performance of this study will result in denial of the service.
- Screening test in the absence of signs, symptoms, or complaints are denied under §1862 (a)(7) of the Social Security Act.
- This procedure will not be covered in any place of service not identified under

“Indications and Limitations of Coverage.”

## **Sources of Information**

TrailBlazer Health Enterprise, LLC  
Medicare Part B Newsletter No. 030, February 10, 1999  
Intermediary Medical Director  
Speech Language Pathology Consultant  
Empire Medicare Services Medical Policy  
Veritus Medicare Services Medical Policy

## **Coding Guidelines**

- To report these services, use the appropriate HCPCS code(s),
- Coverage criteria must be met for these services to be reimbursed by Medicare,
- Diagnosis(es) must be present on any claim submitted, and must be coded to the highest level of specificity; and
- The diagnosis code(s) must be representative of the patient’s condition.

## **Documentation Requirements**

Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record, and available to Medicare upon request.

## **Other Comments**

This policy does not reflect the sole opinion of the carrier, intermediary, or Carrier/Intermediary Medical Directors. Although the final decision rests with the intermediary, this policy was developed in cooperation with the Carrier Advisory Committee (CAC), which includes representatives from the appropriate specialties.

## **Start Date of Comment Period**

November 5, 1999

## **Start Date of Notice Period**

February 11, 2000

**Revision Date**

**Revision No.**

**THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO-COST FROM OUR WEBSITE AT [www.marylandmedicare.com](http://www.marylandmedicare.com)**

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