

**Contractor Name**

CareFirst of Maryland Inc., Medicare Part A

**Contractor Number**

00190

**Contractor Type**

Fiscal Intermediary

**LCD Database ID Number**

L776

**LCD Title**

Modified Barium Swallow

**Contractor's Determination Number**

00-01-R5

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**CMS National Coverage Policy**

- Establishment of national policy supersedes all previous contractor policy statements, including Local Medical Policy coverage guidelines
- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- 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 for the diagnosis or treatment of illness or injury or to

improve the functioning of a malformed body member.

**Primary Geographic Jurisdiction**

Maryland

Washington, DC

**Secondary Geographic Jurisdiction**

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

**Oversight Region**

Region III

**CMS Consortium**

Northeast

**DMERC Region LCD Covers**

N/A

**Original Determination Effective Date**

03/13/2000

**Revision Effective Date**

R5 04/01/2004

R4 10/01/2003

R3 01/01/2003

R2 09/12/2001

R1 08/10/2001

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

### **Description**

Dysphagia is difficult or impaired swallowing and most often reflects organic disease involving the esophagus, proximal stomach, gastroesophageal junction, or pharynx. Patient's 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.

Modified Barium Swallow Studies by Videofluoroscopy is a modified radiographic procedure for assessment of oropharyngeal dysphagia. During the examination, patients are challenged with various amounts and consistencies of barium. The events, which occur during the swallowing process, can be observed in normal speed as well as in slow motion. The instrumentation permits visualization of specific events occurring during the swallow and provides information about bolus flow through the entire oropharynx, hypopharynx, and upper esophagus. This procedure has been noted as the "gold standard" of dysphagia assessment.

This procedure may be indicated for the evaluation of a patient with dysphagia who is at risk for aspiration.

### **Indications**

Modified Barium Swallow may be indicated for patients with the following clinical syndromes:

- Stroke or other Central Nervous system (CNS) derangement with associated impairment of speech and swallowing;
- Without obvious CNS disorder, but with documented difficulty in swallowing;
- 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/or,
- 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.

## **Limitations**

This procedure (HCPCS codes 70370, 70371, 74230) will only be reimbursed when medically necessary and performed in the following locations:

- Office
- Inpatient hospital
- Outpatient hospital
- Emergency room-hospital
- Comprehensive inpatient rehabilitation facility

Questions of patient safety have yet to be resolved for this type of procedure to be performed in a skilled nursing facility, nursing home, or home environment.

When reporting multiple radiological tests for the same date of service, National Correct Coding Combinations should be applied.

## **Coverage Topics**

Diagnostic Tests and X-Rays

## **Bill Type Codes**

11X, 12X, 13X, 71X, 83X, 85X

## **Revenue Codes**

32X, 440

## **CPT/HCPCS Codes**

The AMA and CMS require the use of short descriptors for policies published on the Web. Refer to the CPT book for the long description of the following codes:

- 70370 © Radiologic examination, including fluoroscopy and/or magnification technique
- 70371 © Complex dynamic pharyngeal and speech evaluation
- 74230 © Swallowing function, with cineradiography and/or video
- 92611 © Motion fluoroscopic evaluation of swallowing function by cine or video recording

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### **Does the "CPT 30% Coding Rule" Apply?**

N/A

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

ICD-9-CM code listings may cover a range and include truncated codes. It is the provider's responsibility to avoid truncated codes by selecting a code(s) carried out to the highest level of specificity and selected from the ICD-9-CM book appropriate to the year in which the claim is submitted.

It is not enough to link the procedure code to a correct, payable ICD-9-CM code. The diagnosis or clinical suspicion must be present for the procedure to be paid.

### **Covered for:**

- 150.0-150.9 Malignant neoplasm of esophagus
- 235.6 Neoplasm of uncertain behavior of larynx
- 239.1 Neoplasm of unspecified nature, respiratory system
- 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                                       |
| 438.82        | Other late effects of cerebrovascular disease, dysphagia                      |
| 464.0         | Acute laryngitis  |
| 464.00        | Without mention of obstruction  |
| 464.01        | With obstruction  |
| 478.30-478.34 | Paralysis of vocal cords or larynx  |
| 478.6         | Edema of larynx   |
| 507.0         | Pneumonitis due to solids and liquids, due to inhalation of food or vomitus   |
| 530.0         | Achalasia and cardiospasm   |
| 530.3         | Stricture and stenosis of esophagus   |
| 530.6         | Diverticulum of esophagus, acquired   |
| 530.81        | Esophageal reflux   |
| 783.3         | Feeding difficulties and mismanagement  |
| 787.2         | Other late effect of cerebrovascular disease, dysphagia                       |
| 933.1         | Foreign body in larynx  |
| 934.0         | Foreign body in trachea   |
| 934.1         | Foreign body in main bronchus   |
| V48.3         | Mechanical and motor problems with neck and trunk                             |

### **Diagnoses that Support Medical Necessity**

N/A

### **ICD-9 Codes that DO NOT Support Medical Necessity**

N/A

### **Diagnoses that DO NOT Support Medical Necessity**

N/A

## **Documentation Requirements**

- Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and available to Medicare upon request.
- To report these services, use the appropriate HCPCS code.
- An appropriate diagnosis code must be submitted on the claim. The patient's medical record should indicate the signs/symptoms supporting the diagnosis and functional impairment
- Document that the exact diagnosis of the swallowing disorder cannot be substantiated through oral exam and there is a question whether aspiration is occurring. The assessment and final analysis and interpretation should document a definitive diagnosis, identification of the swallowing phase(s) affected, and recommend the treatment plan.
- Input and/or analysis by an individual discipline should be documented in the medical record.

## **Utilization Guidelines**

Medicare will monitor the utilization of this service through the Medical Review process.

## **Sources of Information and Basis for Decision**

- CMS Pub. 100-02, Chapter 15, §80.4
- CMS Pub. 100-8, Chapter 6, §10
- Intermediary Medical Director
- Medicare Part A Speech Language Pathology Consultant
- Empire Medicare Services Medical Policy
- Veritus Medicare Services Medical Policy

## **Advisory Committee Notes**

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups , which includes representatives from the appropriate specialty(ies).

Advisory Committee Meeting Date:

**Start Date of Comment Period**

04/05/2000

**End Date of Comment Period**

05/22/2000

**Start Date of Notice Period**

09/12/2001

**Revision History Number**

R5

R4

R3

R2

R1

**Revision History Explanation**

|    |  |
|----|--|
| R5 | HCPCS 92610 included by mistake, removed. LMRP converted to LCD format.<br>Updated                             |
|    | CMS references.  |
| R4 | In the 4 <sup>th</sup> bullet, under “Indications”, changed “and” to “and/or”. Added<br>“Responsibility” under |
|    | “Comments”.  |
| R3 | Annual update of CPT/HCPCS codes. Codes 92525 and G0196 discontinued, with a 3-<br>month                       |
|    | grace period and addition of 92610 and 92611. CPT/HCPCS code descriptors<br>changed                            |

|    |  |
|----|--|
|    | to short descriptor.   |
| R2 | ICD-9 coverage expanded due to the addition of new code for FY 2002.(09/12/2001 Provider Bulletin) |
| R1 | Addition of Level II HCPCS code, G0196 (08/10/2001 Provider Bulletin)                              |

**Does this LCD contain a “Least Costly Alternative” provision?**

No

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