

# LOCAL MEDICAL POLICY REVIEW POLICY MARYLAND MEDICARE PART A

**Policy No.:** 00-01

**Topic:** Modified Barium Swallow by  
Videofluoroscopy

## **Beginning Effective Date**

March 13, 2000

## **Ending Effective Date**

N/A

## **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.

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.

## **Policy Type**

Local Medical Policy

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

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

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,
- 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.

This procedure (HCPCS codes 70370, 70371, and 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.

**HCPCS Section(s) &  
Benefit Category**

Radiology/Diagnostic Radiology-Imaging  
Medicine/Special Otorhinolaryngologic Services

**Type(s) of Bill**

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

**Revenue Code(s)**

32X, 440

**HCPCS Code(s)**

- 70370© Radiologic examination, neck, soft tissue, pharynx or larynx, including fluoroscopy and/or magnification technique
- 70371© Complex dynamic pharyngeal and speech evaluation by cine or video recording
- 74230© Swallowing function, pharynx and/or esophagus, with cineradiography and/or video
- 92525© Evaluation of swallowing and oral function for feeding

**ICD-9-CM Codes That Support Medical Necessity**

It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis or clinical suspicion of aspiration must be documented in the patient's medical record for the procedure to be considered medically necessary.

**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
- 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

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

All diagnoses not listed in the “ICD-9-CM Codes That Support Medical Necessity” section of this policy.

## **HCFA National Policy**

- Medicare Carrier Manual §2070.4-Coverage of Portable X-Ray Services.
- 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**

- The Medicare Carriers Manual, §2070.4 excludes coverage of portable x-ray services for procedures involving fluoroscopy, procedures involving the use of contrast media, and procedures requiring the administration of a substance to the patient, or injection of a substance into the patient and/or special manipulation of the patient.
- Screening tests in the absence of signs, symptoms, or complaints are denied under §1862 (a) (7) of the Social Security Act.
- This service will not be covered in any place of service not identified under “Indications and Limitations of Coverage.”
- 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.

## **Sources of Information**

Medicare Carrier Manual §2070.4-Coverage of Portable X-ray Services

Medicare Hospital Manual, HCFA Pub. 10 §450D

Intermediary Medical Director

Medicare Part A Speech Language Pathology Consultant

Empire Medicare Services Medical Policy

Veritus Medicare Services Medical Policy

## **Coding Guidelines**

HCPCS codes 70370, 70371, and 74230 describe the complete procedure and only one of these codes should be billed per patient per day.

## **Documentation Requirements**

- Documentation supporting the medical necessity for this procedure 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.

## **Other Comments**

The videofluoroscopy assessment should be conducted and interpreted by a radiologist (often with assistance and input from the physician and/or individual disciplines).

The analysis by an individual discipline may be submitted as a separate line item charge.

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 Number**

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