

Contractor's Policy Number

00-01-R4

Contractor's Name

CareFirst of Maryland Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Modified Barium Swallow

AMA CPT Copyright Statement

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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

CMS Region

Region III

CMS Consortium

Northeast

Original Policy Effective Date

03/13/2000

Original Policy Ending Date

NA

Revision Effective Date

10/01/2003

Revision Ending Date

09/30/2003

LMRP 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.

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/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.

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.

CPT/HCPCS Section & Benefit Category

Radiology/Diagnostic Radiology-Imaging

Medicine/Special Otorhinolaryngologic Services

Type of Bill Code

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

92610 © Evaluation of oral and pharyngeal swallowing function

92611 © Motion fluoroscopic evaluation of swallowing function by cine or video recording

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Not Otherwise Classified (NOC)

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

As listed in the “ICD-9 Codes that Support Medical Necessity” section of this policy

ICD-9 Codes that DO NOT Support Medical Necessity

Any diagnosis codes not listed in the “ICD-9 Codes that Support Medical Necessity” section of this policy

Diagnoses that DO NOT Support Medical Necessity

Conditions not listed in the “ICD-9 Codes that Support Medical Necessity” section of this policy.

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.

Non-covered ICD-9 Codes

Any diagnosis codes not listed in the “ICD-9 Codes that Support Medical Necessity” section of this policy.

Non-covered Diagnoses

Conditions not listed in the “ICD-9 Codes that Support Medical Necessity” section of this 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,
- All of the coverage criteria must be met before this service can be reimbursed by Medicare,
- Diagnosis (es) must be present on any claim submitted, and be coded to the highest level of specificity.

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 laboratory test through the Medical Review process.

Other Comments

The videofluoroscopy assessment should be conducted and interpreted by a radiologist (often with the 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.

Financial Responsibility:

Provider Liable

The provider of the service or the ordering physician must have notified the patient in writing, prior to the service, and obtained a signature verifying Advance Beneficiary Notice. Without prior notice, services denied as not medically

necessary cannot be billed to the beneficiary. The provider is liable.

Beneficiary Liable

If there is clear evidence that the beneficiary was issued and signed an Advanced Beneficiary Notice (ABN) prior to the service, the liability rests with the beneficiary. Claims for dates of service prior to January 1, 2003 should contain the condition code 20 and occurrence code 32, with date to signify that an ABN was issued to the beneficiary. Absence of these codes will result in a provider liable determination

Claims for dates of service beginning January 1, 2003 should contain the occurrence code 32 with date to signify that an ABN was issued to the beneficiary. Absence of this code will result in a provider liable determination.

Reference: PM AB-02-168, CR 2415

Sources of Information and Basis for Decision

- Medicare Carriers Manual §2070.4
- 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

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	Date	Change
00-01-R4	10/01/2003	In the 4 th bullet, under “Indications,” changed “and” to “and/or.” Added Responsibility” under “Comments.”
00-01-R3	01/01/2003	Annual update of CPT/HCPCS codes. Codes 92525 and G0196 discontinued, with a 3-month grace period and addition of 92610 and 92611. CPT/HCPCS code descriptors changed to short descriptor.
00-01-R2	09/12/2001	ICD-9 coverage expanded due to the addition of new code for FY 2002. (09/12/2001 Provider Bulletin)
00-01-R1	08/10/2001	Addition of Level II HCPCS code, G0196 (08/10/2001 Provider Bulletin)

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 FROM OUR WEBSITE AT www.marylandmedicare.com

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