



**SANDHILLS
CENTER**



Speech evaluation recording (CPT 70371)

Clinical Policy ID: CCP.1274

Recent review date: 1/2022

Next review date: 5/2023

Policy contains: Complex dynamic pharyngeal and speech evaluation by cine or video recording; deglutition disorder; fluoroscopy; modified barium swallow; speech evaluation recording; swallowing.

This policy is a Sandhills Center Clinical Coverage Policy adopted from AmeriHealth Caritas of North Carolina. These clinical policies are used to assist with making coverage determinations. Sandhills Center's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by Sandhills Center when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. Sandhills Center clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. Sandhills Center's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Sandhills Center will update its clinical policies as necessary. Sandhills Center clinical policies are not guarantees of payment.

Coverage policy

The use of speech evaluation recordings (complex dynamic pharyngeal and speech evaluation by cine or video) is clinically proven and, therefore, medically necessary when **all** of the following criteria are met (American Speech-Language-Hearing Association, 2015; Centers for Medicare & Medicaid Services, 2019c):

- Member is medically stable with medical or surgical comorbidities manageable and not requiring acute medical attention.
- Services must be diagnostic, rehabilitative with the supervision of a speech pathologist, and/or therapeutic in addition to being directly related to a written treatment plan.
- The service will determine whether a speech-language program could reasonably be expected to improve, restore, or compensate for lost function, and recommend to the member's provider a plan of treatment.
- The service will rule out aspiration and/or make appropriate diet recommendations regardless of the presence of a communication disability.
- Medical record documentation, such as office or progress notes, must indicate that the provider's evaluation demonstrated a need for any further diagnostic testing related to dysphagia or swallowing difficulties, as well as a need for any treatment.
- Specific plans of treatment should be developed in conjunction with a qualified therapist and include:
 - A statement of functional improvement expected.

- Specific goals for therapy and the specific interventions to be used in achieving these goals.
- The frequency, type, and duration of these interventions.

Early and Periodic Screening, Diagnostic, and Treatment coverage guide statement (Centers for Medicare and Medicaid Services, 2014):

“The Medicaid program’s benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic, and Treatment. This benefit provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act. The Early and Periodic Screening, Diagnostic, and Treatment benefit is more robust than the Medicaid benefit for adults and is designed to ensure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of Early and Periodic Screening, Diagnostic, and Treatment is to ensure that individual children get the health care they need when they need it — the right care to the right child at the right time in the right setting (Centers for Medicare & Medicaid Services, 2014).”

Limitations

- Sign language is not considered in this policy as it does not require the services of a licensed or certified health care professional.
- Bilingualism in a child is not considered a speech or developmental delay, and speech therapy is usually not a covered health service, except when other criteria for speech therapy are met.
- Home speech therapy for the convenience of a provider or member is not medically necessary.

Alternative covered services

No alternative covered services were identified during the writing of this policy.

Background

Speech-language pathology services comprise services necessary for the diagnosis and treatment of deglutition (swallowing), speech-language, and cognitive-communication disorders that result in communication disabilities (American Speech-Language-Hearing Association, 2015). Etiologies of communication and swallowing disorders include a range of developmental, genetic, sensory, and anatomical conditions that require interventions tailored to preventing or reducing impairment in communication or swallowing abilities.

The speech-language pathologist uses a combination of interview techniques, behavioral observations, and standardized instruments to identify communication and swallowing disorders as well as patterns of communication that are not pathological (American Speech-Language-Hearing Association, 2015). A swallowing evaluation involves clinical assessment and instrumental assessment of oral, pharyngeal, and related upper digestive structures and functions to determine the presence, severity, and pattern of dysphagia, including adequacy of nutritional and fluid intake and protection of the airway.

Instrumental assessment (i.e., objective testing) of swallowing function includes endoscopy, ultrasonography, manometry, and fluororadiography. Fluororadiographic imaging performed in conjunction with a speech-language pathologist include the following (American Speech-Language-Hearing Association, 2015):

- A modified barium swallow procedure, also referred to as motion fluoroscopic evaluation of swallowing

by cine or video recording. The videofluoroscopic procedure incorporates food and liquids mixed with barium in different consistencies, bolus sizes, textures, patient positions, and radiographic foci to facilitate

examination of oropharyngeal and laryngeal structures and their functions related to aspiration prevention or bolus transport during swallowing.

- Fiberoptic endoscopic evaluation of swallowing, also called flexible fiberoptic, which uses a flexible nasopharyngoscope positioned posterior to the soft palate and cine or video recording to evaluate pharyngeal swallowing.
- Complex dynamic pharyngeal and speech evaluation by cine or video recording (CPT 70371) is a radiologic study that employs a video recording with high-speed frame rates to capture the physiologic event of speech and swallowing that occurs too rapidly for normal fluoroscopic viewing. Like a modified barium swallow study, this radiologic study assesses mouth and throat function, but, more specifically, allows the speech-language pathologist to record how the tongue, palate, and other soft tissues function.

Findings

Through its Benefit Policy Manual, Medicare has established limited coverage for CPT code 70371 (complex dynamic pharyngeal and speech evaluation by cine or video), along with 70370 (radiologic examination: pharynx or larynx, including fluoroscopy and for magnification technique) and 74230 (swallowing function, with cineradiography/videoradiography) (Centers for Medicare & Medicaid Services, 2019a). These services are covered for the following diagnoses:

- 438.82 Dysphagia, cerebrovascular disease.
- 507.0 Pneumonitis due to inhalation due to food or vomitus.
- 787.20-787.24 Dysphagia.
- 787.29 Other dysphagia.

The Medicare rules state that medical necessity for determining whether an instrumental assessment is necessary for speech disorders is based on the judgement of a physician or the determination of a qualified speech and language therapist, after completion of a medical evaluation (Centers for Medicare & Medicaid Services, 2008). The basis for Medicare rules for outpatients speech language pathology and barium swallowing studies for dysphagia is found in various articles (2021a, 2021b, 2021c) and local coverage determinations (2019b, 2020, 2021d), along with coverage for outpatient rehabilitation services (2019c).

Peer-reviewed literature, while including general assessments of speech evaluation practices (Mathers-Schmidt, 2003), contains no articles specific to complex dynamic pharyngeal and speech evaluation by cine or video recording. Thus, we consider this service to be medically necessary when the Early and Periodic Screening, Diagnostic, and Treatment criteria (described in the coverage section of this policy) are met.

In 2020, we updated the references and added general recommendations from the American Speech-Language-Hearing Association (2015) regarding an instrumental assessment, resulting in no policy changes:

- An instrumental assessment is indicated for patients with suspected dysphagia or who are at high risk for pharyngeal dysphagia.
- An instrumental assessment is not indicated if findings from the clinical evaluation fail to support a suspicion of dysphagia, or when findings from the clinical evaluation suggest dysphagia but include either of the following:
 - The patient is unable to cooperate or participate in an instrumental evaluation.
 - The instrumental examination would not change the clinical management of the patient.

- The final analysis and interpretation should include a definitive diagnosis; identification of the swallowing phase(s) affected; and a recommended treatment plan, including compensatory swallowing techniques and/or postures and food and/or fluid texture modification.

In 2022, we updated the policy with new revisions of Medicare articles and local coverage determinations governing speech evaluation recording.

A study (n = 215) of modified barium swallow studies on adult inpatients with and without a radiologist present found no difference between groups in average fluoroscopy time, study duration, number of cine loops, number of images, or radiologist-speech language therapies report disagreement. Outcomes without the radiologist present were superior for collimation and fewer non-diagnostic images (Yang, 2021).

References

On October 19, 2021, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were “dysphagia” (MeSH), “deglutition disorder” (MeSH), “video recording” (MeSH), “videofluoroscopy,” and “fiberoptic endoscopic evaluation of swallowing.” We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

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Policy updates

1/2017: initial review date and clinical policy effective date: 2/2018

11/2018: Policy references updated. Policy ID changed.

11/2019: Policy references updated.

1/2021: Policy references updated.

1/2022: Policy references updated.