BlueCross BlueShield of Alabama

Name of Policy:

Videofluoroscopic/Cineradiography Evaluation of Velopharyngeal Dysfunction

Policy #: 320
Category: Surgery

Latest Review Date: July 2010
Policy Grade: **Active Policy but no longer scheduled for regular literature reviews and updates.**

Background/Definitions:

As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

1. *The technology must have final approval from the appropriate government regulatory bodies;*
2. *The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
3. *The technology must improve the net health outcome;*
4. *The technology must be as beneficial as any established alternatives;*
5. *The improvement must be attainable outside the investigational setting.*

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. *In accordance with generally accepted standards of medical practice; and*
2. *Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
3. *Not primarily for the convenience of the patient, physician or other health care provider; and*
4. *Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.*

Proprietary Information of Blue Cross and Blue Shield of Alabama

Description of Procedure or Service:

Velopharyngeal dysfunction (VPD) refers to excessive nasal resonance or hypernasality during speech as the consequence of anatomical abnormalities of the velopharyngeal sphincter involving the velum (soft palate) and/or pharyngeal walls that compromise the seal between the nasopharynx and oral cavity. Normal phonation requires the generation of a column of air that flows from the subglottis into the upper airway. When (VPD) is present, air escapes through the nose during speech, resulting in the characteristic nasal resonancy. VPD is most commonly associated with cleft palate; it may be the only sign of a submucous cleft palate, or may persist after closure of an overt cleft palate.

Velopharyngeal dysfunction can usually be diagnosed by the speech/language pathologist based on the presence of hypernasal speech, compensatory misarticulations, escape of air through the nose, insufficient oral pressure for consonant production, and aberrant facial movements. Imaging options include fiberoptic nasoendoscopy and videofluoroscopy. Videofluoroscopy is a noninvasive radiologic technique intended to assess the competency of velopharyngeal closure. Videotape recording produces a continuous record of the velopharyngeal mechanism. Videofluoroscopy may also be referred to as cineradiography. A barium coating of the pharyngeal structures can be used to provide contrast in the videofluoroscopic image. Frontal and basal viewing angles can be used alone or in combination. The procedure is used to assess various forms of velopharyngeal insufficiency, including cleft palate. Videofluoroscopy is frequently performed as an adjunct to surgical planning in patients who do not respond to conservative treatment such as speech therapy.

Policy:

Effective for dates of service on or after February 12, 2008:

Videofluoroscopic/cineradiography evaluation of velopharyngeal dysfunction meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage when used for difficult to diagnose patients with **suspected oropharyngeal dysphagia and possible aspiration during swallowing resulting from surgery, disease, or congenital defects and/or to evaluate the degree of velopharyngeal closure during speech in patients with velopharyngeal dysfunction, including but not limited to cleft palate patients**.

Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:

Videofluoroscopy of velopharyngeal closure has been performed for many years, and in many articles and textbooks, it is identified as a standard component of surgical planning for velopharyngeal insufficiency. In 1988, an international working group established a system for

quantifying, recording, and describing movements of the relevant anatomy. A recommendation was also made that suggested that all patients with velopharyngeal deficiency be studied with both videofluoroscopy and nasopharyngoscopy ,and the Ad Hoc Committee of the American Cleft Palate-Craniofacial Association suggest videofluoroscopy as one technique that may be helpful in evaluating velopharyngeal insufficiency. For example, it is thought that defining the velopharyngeal closure pattern is particularly important to determine the appropriate surgical intervention. The 3 most common surgical approaches to velopharyngeal dysfunction include pharyngoplasty, pharyngeal flap, or posterior wall augmentation.

In 2004, the American Speech-Language-Hearing Association (ASHA established the following indications for performing videofluoroscopic swallowing studies (VFSS):

- To identify normal and abnormal anatomy and physiology of the swallow;
- To evaluate the integrity of airway protection before, during and after swallowing;
- To evaluate the effectiveness of postures, maneuvers, bolus modifications, and sensory enhancement in improving swallowing safety and efficiency;
- To provide recommendations regarding the optimum delivery of nutrition and hydration (e.g., oral versus nonoral, method of delivery, positioning, therapeutic interventions)
- To determine appropriate therapeutic techniques for oral, pharyngeal and/or laryngeal disorders;
- To obtain information in order to collaborate with and educate other team members, referral sources, caregivers, and patients regarding recommendations for optimum swallow safety and efficiency.

July 2010 Update
This policy will no longer be reviewed for updates.

Key Words:
Videofluoroscopic swallowing studies, VFSS, velopharyngeal dysfunction

Approved by Governing Bodies:
FDA approved

Benefit Application:
Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply
FEP contracts: Special benefit consideration may apply. Refer to member's benefit plan.
Pre-certification requirements: Not applicable

Coding:

CPT Codes: **70371** Complex dynamic pharyngeal and speech evaluation by cine or video recording

References:

1. American Speech-Language-Hearing Association. *Guidelines for speech-language pathologists performing videofluoroscopic swallowing studies.* ASHA 2204:Supplement 24.
2. Center for Practice and Technology Assessment, Agency for Health Care Policy and Research. *Diagnosis and treatment of swallowing disorders (dysphagia) in acute care stroke patients.* AHCPR. Evidence Report/Technology Assessment. 1999.
3. Dalston RM, Marsh JL, VIg KW et al. *Minimal standards for reporting the results of surgery on patients with cleft lip, cleft palate; a proposal.* Cleft palate J 1998;25(1):3-7.
4. Golding-Kushner KF, Argamaso RV, Cotton RT et al. *Standardization for the reporting of nasopharyngoscopy and multiview videofluoroscopy: a report from an international working group.* Cleft Palate J 1990;27(4):337-48.
5. Ysunza A, Pamplona C, Ramierz E et al. *Velopharyngeal surgery: a prospective randomized study of pharyngeal flaps and sphincter pharyngoplasties.* Plast Reconstr Surg 2002;110(6):1401-7.

Policy History:

Medical Policy Group, June 2008 **(2)**
Medical Policy Administration Committee, July 2008
Available for comment June 17-July 24, 2008
Medical Policy Group, July 2008 **(2)**
Medical Policy Administration Committee, August 2008
Available for comment, July 25-September 8, 2008
Medical Policy Group, (1) Effective July 1, 2010 -Active Policy but no longer scheduled for regular literature reviews and updates.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.