

LCD for Dysphagia, Diagnostic Evaluation (L26689)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05102, 05202, 05302, 05402

Contractor Type

MAC - Part B

LCD Information

LCD ID Number

L26689

LCD Title

Dysphagia, Diagnostic Evaluation

Contractor's Determination Number

PHYSMED-515

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CMS National Coverage Policy

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 medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Medicare Benefit Policy Manual, 100-2, Chapter 15, Section 80.4; and Medicare Claims Processing Manual, 100-4, Chapter 13, Section 90), excludes coverage by 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.

Oversight Region

Region I
Region X

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 10/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Dysphagia is a swallowing disorder that may be due to various neurological and/or structural impairments. It may be the result of head and neck trauma, cerebrovascular accident, neuromuscular degenerative diseases, head and neck cancer, dementias and encephalopathies. Dysphagia most often reflects problems involving the oral cavity, pharynx, esophagus or gastroesophageal junction.

Dysphagia, or difficulty in swallowing, can cause food to enter the airway, resulting in coughing, choking, pulmonary problems, aspiration or inadequate nutrition and hydration with resultant weight loss, failure to thrive, pneumonia and death. 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.

CPT codes 92612, 92613, 92616 and 92617

Endoscopy study of swallowing function, also known as FEES (Fiberoptic Endoscopic Examination of Swallowing Safety)

FEESST is a procedure that is an alternative to modified barium swallow evaluation of patients at risk for aspiration. The procedure utilizes the passage of a specially equipped flexible endoscope into the oropharynx. The special equipment includes a sensory stimulator that allows quantification of stimuli, a television monitor, a video printer, and a videocassette recorder. Sensory evaluation is completed by delivering pulses of air at sequentially increased pressures to elicit the laryngeal adductor reflex. Motor evaluation is completed by giving various food items with different consistencies while factors such as oral transit time, inhibition of swallowing, laryngeal elevation, spillage, residue, condition of swallow, laryngeal closure, reflux, aspiration, and ability to clear residue, are monitored.

CPT codes 92614 and 92615 should be used for billing services when sensory testing is done without evaluation of swallowing.

CPT code 92610

Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic studies of swallowing).

This service describes the clinical examination and evaluation of the patient, typically by a speech-language pathologist. However, qualified occupational and physical therapists may also perform this evaluation.

CPT code 92611

Evaluation of swallowing involving swallowing of radio-opaque materials.

This service involves the participation and interpretation of results from the dynamic observation of the patient swallowing materials of various consistencies. It is observed fluoroscopically and typically recorded on video. This evaluation involves using the information to assess the patient's swallowing function and to develop a treatment plan for the patient.

CPT code 74230

Swallowing function, with cineradiography/videoradiography (Modified Barium Swallow Studies).

This 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 that 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

Note: CPT codes 70370 and 70371 do not specifically address dysphagia and will not be discussed in or limited by this LCD.

Dysphagia may lead to aspiration or inadequate nutrition and hydration. Some of the conditions that may lead to dysphagia are:

Stroke or other CNS derangement

Generalized debilitation

Malignant lesions of the head and neck

Benign lesions of the head and neck

Injury, traumatic

Radiation therapy

FEES and FEESST

These procedures incorporate both the placement of the flexible fiberoptic laryngoscope, the sensing device and the evaluation of swallowing and oral function for feeding. The procedure codes encompass the entire procedure and should not be billed more than one time on the same patient on the same day.

CPT code 74230

Modified Barium Swallow Studies 74230

This procedure will be reimbursed only when medically necessary and performed in the following locations:

Office (11)

Inpatient hospital (21)

Outpatient hospital (22)

Emergency room hospital (23)

Comprehensive inpatient rehabilitation facility (61)

Comprehensive outpatient rehabilitation facility (62)

Data from swallowing studies should be used for clinical decision-making as to placing a feeding gastrostomy tube, in the every day dietary management of the impaired patient and to order/plan/evaluate appropriate therapy programs.

Procedures to evaluate swallowing function are reimbursable only to physicians. Services of speech-language pathologists may be billed by physicians only under the "incident to" guidelines. Therefore, specially trained and credentialed speech-language pathologists that perform these services must do so under the direct or personal supervision of a physician in order for the physician to receive Medicare reimbursement. These services are not payable "incident to" in the skilled nursing facility (SNF).

Questions of patient safety have yet to be resolved for these types of procedures 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.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING;
92613	

	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING; PHYSICIAN INTERPRETATION AND REPORT ONLY
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING; PHYSICIAN INTERPRETATION AND REPORT ONLY
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING; PHYSICIAN INTERPRETATION AND REPORT ONLY

ICD-9 Codes that Support Medical Necessity

141.0	MALIGNANT NEOPLASM OF BASE OF TONGUE
141.1	MALIGNANT NEOPLASM OF DORSAL SURFACE OF TONGUE
141.2	MALIGNANT NEOPLASM OF TIP AND LATERAL BORDER OF TONGUE
144.0	MALIGNANT NEOPLASM OF ANTERIOR PORTION OF FLOOR OF MOUTH
144.1	MALIGNANT NEOPLASM OF LATERAL PORTION OF FLOOR OF MOUTH
145.6	MALIGNANT NEOPLASM OF RETROMOLAR AREA
145.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED PARTS OF MOUTH
146.0	MALIGNANT NEOPLASM OF TONSIL
146.1	MALIGNANT NEOPLASM OF TONSILLAR FOSSA
146.2	MALIGNANT NEOPLASM OF TONSILLAR PILLARS (ANTERIOR) (POSTERIOR)
146.3	MALIGNANT NEOPLASM OF VALLECULA EPIGLOTTICA
146.4	MALIGNANT NEOPLASM OF ANTERIOR ASPECT OF EPIGLOTTIS
146.5	MALIGNANT NEOPLASM OF JUNCTIONAL REGION OF OROPHARYNX
146.6	

	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX
146.7	MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARYNX
146.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF OROPHARYNX
146.9	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED SITE
147.0	MALIGNANT NEOPLASM OF SUPERIOR WALL OF NASOPHARYNX
147.1	MALIGNANT NEOPLASM OF POSTERIOR WALL OF NASOPHARYNX
147.2	MALIGNANT NEOPLASM OF LATERAL WALL OF NASOPHARYNX
147.3	MALIGNANT NEOPLASM OF ANTERIOR WALL OF NASOPHARYNX
147.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF NASOPHARYNX
147.9	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED SITE
148.0	MALIGNANT NEOPLASM OF POSTCRICOID REGION OF HYPOPHARYNX
148.1	MALIGNANT NEOPLASM OF PYRIFORM SINUS
148.2	MALIGNANT NEOPLASM OF ARYEPIGLOTTIC FOLD HYPOPHARYNGEAL ASPECT
148.3	MALIGNANT NEOPLASM OF POSTERIOR HYPOPHARYNGEAL WALL
148.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF HYPOPHARYNX
148.9	MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED SITE
149.0	MALIGNANT NEOPLASM OF PHARYNX UNSPECIFIED
149.1	MALIGNANT NEOPLASM OF WALDEYER'S RING
149.8	MALIGNANT NEOPLASM OF OTHER SITES WITHIN THE LIP AND ORAL CAVITY
149.9	MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE LIP AND ORAL CAVITY
150.0	MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS
150.1	MALIGNANT NEOPLASM OF THORACIC ESOPHAGUS
150.2	MALIGNANT NEOPLASM OF ABDOMINAL ESOPHAGUS
150.3	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS

150.4	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS
150.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS
150.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED PART OF ESOPHAGUS
150.9	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED SITE
161.0	MALIGNANT NEOPLASM OF GLOTTIS
161.1	MALIGNANT NEOPLASM OF SUPRAGLOTTIS
161.2	MALIGNANT NEOPLASM OF SUBGLOTTIS
161.3	MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGES
161.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF LARYNX
161.9	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED
195.0	MALIGNANT NEOPLASM OF HEAD FACE AND NECK
196.0	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD FACE AND NECK
197.8	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS AND SPLEEN
210.1	BENIGN NEOPLASM OF TONGUE
210.2	BENIGN NEOPLASM OF MAJOR SALIVARY GLANDS
210.3	BENIGN NEOPLASM OF FLOOR OF MOUTH
210.4	BENIGN NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH
210.5	BENIGN NEOPLASM OF TONSIL
210.6	BENIGN NEOPLASM OF OTHER PARTS OF OROPHARYNX
210.7	BENIGN NEOPLASM OF NASOPHARYNX
210.8	BENIGN NEOPLASM OF HYPOPHARYNX
210.9	BENIGN NEOPLASM OF PHARYNX UNSPECIFIED
211.0	BENIGN NEOPLASM OF ESOPHAGUS
235.6	NEOPLASM OF UNCERTAIN BEHAVIOR OF LARYNX
239.1	NEOPLASM OF UNSPECIFIED NATURE OF RESPIRATORY SYSTEM
300.11	CONVERSION DISORDER
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	GENETIC TORSION DYSTONIA
333.71	ATHETOID CEREBRAL PALSY
333.79	OTHER ACQUIRED TORSION DYSTONIA
333.81	BLEPHAROSPASM
333.82	OROFACIAL DYSKINESIA
333.83	SPASMODIC TORTICOLLIS
333.84	ORGANIC WRITERS' CRAMP
333.89	OTHER FRAGMENTS OF TORSION DYSTONIA
333.90	UNSPECIFIED EXTRAPYRAMIDAL DISEASE AND ABNORMAL MOVEMENT DISORDER
333.91	STIFF-MAN SYNDROME
333.92	NEUROLEPTIC MALIGNANT SYNDROME
333.93	BENIGN SHUDDERING ATTACKS
333.99	OTHER EXTRAPYRAMIDAL DISEASES AND ABNORMAL MOVEMENT DISORDERS
335.20	AMYOTROPHIC LATERAL SCLEROSIS
341.0	NEUROMYELITIS OPTICA
341.1	SCHILDERS' DISEASE
341.20	ACUTE (TRANSVERSE) MYELITIS NOS
341.21	ACUTE (TRANSVERSE) MYELITIS IN CONDITIONS CLASSIFIED ELSEWHERE
341.22	IDIOPATHIC TRANSVERSE MYELITIS
341.8	OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
341.9	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM UNSPECIFIED
342.00	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.01	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.02	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.10	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.11	

SPASTIC HEMIPLEGIA AND HEMIPARESIS
AFFECTING DOMINANT SIDE

342.12

SPASTIC HEMIPLEGIA AND HEMIPARESIS
AFFECTING NONDOMINANT SIDE

342.80

OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS
AFFECTING UNSPECIFIED SIDE

342.81

OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS
AFFECTING DOMINANT SIDE

342.82

OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS
AFFECTING NONDOMINANT SIDE

342.90

UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS
AFFECTING UNSPECIFIED SIDE

342.91

UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS
AFFECTING DOMINANT SIDE

342.92

UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS
AFFECTING NONDOMINANT SIDE

343.8

OTHER SPECIFIED INFANTILE CEREBRAL PALSY

436

ACUTE BUT ILL-DEFINED CEREBROVASCULAR
DISEASE

438.11

APHASIA

438.12

DYSPHASIA

438.13

LATE EFFECTS OF CEREBROVASCULAR DISEASE,
DYSARTHRIA

438.14

LATE EFFECTS OF CEREBROVASCULAR DISEASE,
FLUENCY DISORDER

438.82

DYSPHAGIA CEREBROVASCULAR DISEASE

464.01

ACUTE LARYNGITIS WITH OBSTRUCTION

478.30

UNSPECIFIED PARALYSIS OF VOCAL CORDS

478.31

PARTIAL UNILATERAL PARALYSIS OF VOCAL
CORDS

478.32

COMPLETE UNILATERAL PARALYSIS OF VOCAL
CORDS

478.33

PARTIAL BILATERAL PARALYSIS OF VOCAL CORDS

478.34

COMPLETE BILATERAL PARALYSIS OF VOCAL
CORDS

478.6

EDEMA OF LARYNX

507.0

PNEUMONITIS DUE TO INHALATION OF FOOD OR
VOMITUS

530.0

ACHALASIA AND CARDIOSPASM

530.3

STRICTURE AND STENOSIS OF ESOPHAGUS

530.5

DYSKINESIA OF ESOPHAGUS

530.6

DIVERTICULUM OF ESOPHAGUS ACQUIRED

530.81	ESOPHAGEAL REFLUX
530.86	INFECTION OF ESOPHAGOSTOMY
530.87	MECHANICAL COMPLICATION OF ESOPHAGOSTOMY
783.3	FEEDING DIFFICULTIES AND MISMANAGEMENT
784.49	OTHER VOICE AND RESONANCE DISORDERS
784.51	DYSARTHRIA
784.59	OTHER SPEECH DISTURBANCE
784.99	OTHER SYMPTOMS INVOLVING HEAD AND NECK
787.20	DYSPHAGIA, UNSPECIFIED
787.21	DYSPHAGIA, ORAL PHASE
787.22	DYSPHAGIA, OROPHARYNGEAL PHASE
787.23	DYSPHAGIA, PHARYNGEAL PHASE
787.24	DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE
787.29	OTHER DYSPHAGIA
908.9	LATE EFFECT OF UNSPECIFIED INJURY
933.1	FOREIGN BODY IN LARYNX
934.0	FOREIGN BODY IN TRACHEA
934.1	FOREIGN BODY IN MAIN BRONCHUS
V41.6	PROBLEMS WITH SWALLOWING AND MASTICATION
V48.3	MECHANICAL AND MOTOR PROBLEMS WITH NECK AND TRUNK
V67.1	FOLLOW-UP EXAMINATION FOLLOWING RADIOTHERAPY

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

The patient's attending physician must order these tests. The primary diagnosis and the resulting secondary condition should be stated and representative of the patient's condition. FEES and FEESST procedures must be documented with a formal descriptive narrative on an operative/procedure note.

It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The medical record must include at least one of the following conditions:

History of aspiration or high risk for aspiration;

Nasal regurgitation, choking or frequent coughing during swallowing;

Wet gurgling voice quality after swallowing, or delayed or slow swallow reflex;

Presence of oral motor disorders such as drooling, oral food retention or leakage of food or liquids placed into the mouth;

Impaired salivary gland performance and/or presence of local structural lesions in the oral cavity or pharynx; Incoordination, sensation loss, postural difficulties or other neuromotor disturbances affecting oropharyngeal abilities necessary to close the oral cavity and/or to bite, chew, suck, shape and/or squeeze the food bolus into the upper esophagus while protecting the airway;

Post-surgical reaction affecting ability to adequately use oropharyngeal structures for swallowing;

Documented weight loss and/or malnutrition of undetermined etiology that would require an evaluation to rule out dysphagia;

The presence of a tracheostomy, NG- or G- tube; reduced or inadequate laryngeal evaluation, labial closure, airway management problems, velopharyngeal closure, laryngeal closure, or pharyngeal peristalsis or criocopharyngeal dysfunction;

Existence of other condition affecting the structural or functional integrity of the pharyngeal area.

The clinical evaluation (92610) should document a majority of the following:

History, including any prior dysphagia and treatment for that dysphagia, pneumonia, unexplained weight loss, respiratory status and any medical conditions that might cause or contribute to the dysphagia;

Onset and duration of current swallowing problems;

Current method of nutrition and nutrition status compared to prior status;

Behavioral characteristics such as level of alertness, cooperation, motivation;

Cognition and communications skills;

Any problems with appropriate positioning of patient;

Oral motor structure, sensation and function;

Laryngeal function;

Signs of oral dysphagia, such as pocketing food, drooling, oral residue, poor dentition;

Sign of pharyngeal dysphagia such as coughing and choking, wet gurgly vocal quality, multiple swallows, difficulty initiating swallow, reduced laryngeal elevation;

Any changes in patient's symptoms as a result of rehabilitative and/or compensatory strategies, if indicated;

Diagnosis which describes phase(s) of swallow affected; and/or

Recommendations for future assessment or treatment/intervention.

Medicare Benefit Policy Manual, 100-2, Chapter 15, Section 80.4; and Medicare Claims Processing Manual, 100-4, Chapter 13, Section 90), excludes coverage by 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.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

Medical record documentation must include the symptoms that justify the test.

The medical record must be made available to Medicare upon request.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

WPS has consolidated the existing LCDs for MAC Jurisdiction 5 according to the instructions provided by CMS so that they are the same throughout the jurisdiction. In the vast majority of cases, one least restrictive LCD was selected as the jurisdictional LCD. In some cases, appropriate revisions, such as combining sections of LCDs that only addressed a portion of a general topic into a single, more complete document, were made to improve the clinical appropriateness of the LCD while keeping with the least restrictive requirement.

In situations where one or more of the states in the jurisdiction does not have an LCD on a topic, then the existing LCDs were reviewed and, based on the merits of the LCD, a decision was made to make the LCD jurisdictional or to have no LCD on that topic with the approval of CMS.

Some revisions of the existing LCDs were necessary to remove references to the former contractor and to update the Sources of Information and Basis for Decision. CPT, HCPCS and ICD-9 codes will be updated as necessary.

According to the J5 MAC contract, the J5 consolidated LCDs are posted on the web site for the 45 day final notification period prior to the policy implementation date. The MAC contractor is not required to utilize the formal notice and comment revision process specified in Chapter 13 of the Program Integrity Manual (PIM) until the consolidation process is final. However, WPS welcomes provider input regarding the J5 consolidated LCDs. Based on the comments received, LCDs will be revised as necessary during the transition from the existing to new contractor.

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 consideration of the active LCDs maintained by the preceding Medicare contractors for Jurisdiction 5.

Federal Register/Volume 65, No. 212/Wednesday, November 1, 2000/ Rules and Regulations

Langmore, SE, Schatz, K, Olsen, N. Endoscopic and Videofluoroscopic Evaluations of Swallowing and Aspirations. *Ann Otol Rhinol Laryngol.* 1991; 100:678-681.

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Wyngarden, M.D., James, Smith, Jr., Lloyd, Bennett, M.D., J. Claude. *Cecil Textbook of Medicine.* WB Saunders Company, New York. 1992: 623.

Braunwald, Eugene et al, eds *Harrison's Principles of Internal Medicine,* New York, McGraw-Hill 2005

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/15/2007

Revision History Number

3

Revision History Explanation

*10/01/2009, ICD-9 2010 coding update (three)

07/30/2009: Restored accidental removal of contract number 05392 (WPS Part B MAC Eastern Missouri), effective 03/01/08. Correctly removed contract number 05392 effective 8/1/2009, as it is being combined with contractor number 05302 (WPS Part B MAC Missouri - Entire State.)

06/30/2009 The contractor number 05392 will no longer be valid as of 8/1/2009 as it will be joining with the W MO number.

added Missouri Eastern

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

Reason for Change

Last Reviewed On Date

10/01/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

All Versions

Updated on 09/25/2009 with effective dates 10/01/2009 - N/A

Updated on 08/24/2009 with effective dates 08/01/2009 - 09/30/2009

Updated on 07/30/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 03/01/2008 - 07/31/2009

Updated on 07/17/2009 with effective dates 03/01/2008 - N/A

Updated on 05/23/2008 with effective dates 03/01/2008 - N/A

Updated on 03/28/2008 with effective dates 03/01/2008 - N/A

Updated on 03/07/2008 with effective dates 03/01/2008 - N/A

Updated on 01/25/2008 with effective dates 02/01/2008 - 02/29/2008

Updated on 12/07/2007 with effective dates 02/01/2008 - N/A