

## OHCA Guideline

<b>Medical Procedure Class:</b>	Evaluation of Oral and Pharyngeal Swallowing Function
<b>Initial Implementation Date:</b>	July 2017
<b>Last Review Date:</b>	July 2017
<b>Effective Date:</b>	April 15, 2021
<b>Next Review/Revision Date:</b>	April 2024
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <span style="float: right;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span>	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Definitions</b>	
<p><b>Aspiration:</b> The accidental or unintentional passage of food, liquid, or saliva into the trachea which can result in choking and respiratory complications such as aspiration pneumonia.</p> <p><b>Disability:</b> According to the World Health Organization (WHO), “disability” is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations</p> <p><b>Dysphagia:</b> Swallowing disorders which can occur in one or more of the four phases of swallowing; oral preparatory, oral transit, pharyngeal phase and esophageal phase, and may result in aspiration or retrograde flow of food into the nasal cavity. Swallowing is a complex process during which saliva, liquids, and foods are transported from the mouth into the stomach while keeping the airway protected. Dysphagia can affect individuals of all ages from newborn through adulthood and can result in chronic airway disorders and difficulty with adequate growth and nutrition.</p> <p><b>Feeding disorders:</b> Feeding problems with a range of eating activities that may or may not include problems with swallowing. Childhood feeding disorders may prevent consumption of enough food (or liquid or a broad enough variety of food) to gain weight and grow normally. Children diagnosed with feeding disorders are at greater risk for compromised physical and cognitive development, for behavioral problems and failure to thrive.</p> <p><b>Licensed Qualified Clinician:</b> May include a fully licensed Speech-Language Pathologist as described below OR a Speech language pathology Clinical Fellow who has completed the necessary educational requirements and work experience necessary for the Certificate or has completed the academic program and is acquiring supervised work experience to qualify for the Certificate of Clinical Competence</p> <p><b>Speech Language Pathologist (SLP):</b> Fully licensed, Master's degree, ASHA certified speech language pathologist holding the Certificate of Clinical Competence in Speech-Language Pathology.</p>	

**Qualified health professional:** A medical doctor (MD), osteopathic doctor (DO), physician's assistant (PA), certified nurse practitioner (CNP), or an advanced practice registered nurse (APRN) who is currently contracted with Sooner Care.

### Description

Evaluation of oral and pharyngeal swallowing function refers to the clinical, non-instrumental swallowing evaluation to assess the oral preparatory phase, the oral phase, and the pharyngeal phase of swallowing.

### CPT Codes Covered

**92610** - The evaluation of oral and pharyngeal swallowing function.

### Approval Criteria

#### I. GENERAL

- A. Medical necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f)(2)**.
- B. The evaluation of oral and pharyngeal swallowing function is a covered service for the pediatric population (ages 0-20 at the time of evaluation) when medically necessary.
- C. The evaluation process must consist of:
  1. Age, related diagnosis, medication, techniques, and positioning used during feeding.
  2. Oral peripheral evaluation to assess structure and function.
  3. Assessment information regarding preparatory phase, oral phase, and clinical signs of pharyngeal phase disorder.
  4. Clinical judgments of the adequacy of airway protection and coordination of respiration and swallowing.
  5. Identify the presence and observe the characteristics of a dysphagia based on clinical signs and symptoms.
  6. Assessment of the effects of compensatory strategies such as altering bolus size and/or bolus delivery rate, alternating liquids and solids, and therapeutic postures or maneuvers on the swallow.
  7. The use of screening tools (such as cervical auscultation and pulse oximetry) may be used in the assessment process to detect and monitor clinical signs of dysphagia.
  8. Assess speech and vocal quality.
  9. Include plan of care based on child's medical history, prior level of function, current medical and nutritional status, date of onset, age, cognitive abilities, contributing behavioral and psychological factors, specific quality of life issues and clinical findings.
  10. Long and short-term goals are required and must be specific, measurable, attainable, relevant, and timely.

## II. DOCUMENTATION

- A. Evaluations for oral and pharyngeal swallowing function must include all the following documentation.
  - 1. A current (within one year) signed order from a qualified health professional (MD, DO, APRN, CNP, or PA) requesting an evaluation of oral and pharyngeal swallowing function AND
  - 2. Clinical documentation within the previous one year which clinically supports the requested evaluation; AND
  
- B. For pediatric dysphagia, in addition to all the above, evaluations must also include the documentation of:
  - 1. Difficulty in swallowing which compromises the child's ability to get adequate hydration and nutrition and may lead to dehydration and/or aspiration, AND
  - 2. Documentation of any comorbidities that affect general management or require medical management.
  
- C. For oral feeding aversions, in addition to all of the above, evaluations must also include documentation of:
  - 1. Refusal to consume appropriate foods/liquids for age and development, extreme gagging or vomiting during or after meals and/or growth deficiency and/or failure to thrive, AND
  - 2. The findings listed above must impact the oral and/or pharyngeal phase of the swallow and/or impact the child's ability to safely maintain adequate nutrition and hydration to necessitate the involvement of a speech-language pathologist.

## III. INDICATIONS

- A. The requested oral and pharyngeal swallowing function evaluation must be linked to an ICD-10-CM diagnosis code, which is supported in the clinical documentation. Diagnoses impacting swallowing and oral function include but are not limited to:
  - 1. Prematurity
  - 2. Anatomical or structural problems at birth
  - 3. Genetic conditions
  - 4. Neurological conditions
  - 5. Oral motor dysfunction
  - 6. Metabolic disorders
  - 7. Brain injury
  - 8. Transition from tube feeding to oral feeding
  - 9. Psychosocial or behavioral issues that affect feeding or swallowing
  - 10. Gastroesophageal reflux disease (GERD)
  - 11. Developmental delays
  - 12. Sensory disorders
  - 13. Surgeries or procedures affecting swallowing
  
- B. *At least one* of the following deficits must be documented:
  - 1. Coughing and/or choking while eating and drinking
  - 2. Coughing, choking, or drooling with swallowing
  - 3. Wet sounding voice

4. Changes in breathing when eating or drinking
5. Frequent respiratory infections
6. Known or suspected aspiration pneumonia
7. Masses on the tongue, pharynx, or larynx
8. Muscle weakness, or myopathy, involving the pharynx
9. Neurological disorders likely to affect swallowing
10. Medical issues that affect feeding, swallowing and nutrition
11. Oral function impairment or deficit that interferes with feeding.

Note: Additional information may be requested.

### Additional Information

All the above documentation for the complete evaluation must be included if a request for treatment (92526) is submitted for review.

### References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. <http://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit-Medical-Necessity/>
3. <http://www.asha.org/uploadedFiles/practice/reimbursement/mednecfinal3.pdf>
4. <http://www.asha.org/policy/>
5. <http://www.who.int/topics/disabilities/en/>
6. <http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/Family-Centered-Practice/>
7. <http://ajslp.pubs.asha.org/article.aspx?articleid=1757632>
8. <http://www.asha.org/Practice/reimbursement/medicare/Examples-of-Documentation-of-Skilled-and-Unskilled-Care-for-Medicare-Beneficiaries/>
9. <http://www.asha.org/Code-of-Ethics/>
10. <http://www.asha.org/policy/KS2002-00079.htm>
11. <http://leader.pubs.asha.org/article.aspx?articleid=2108111>
12. <http://leader.pubs.asha.org/article.aspx?articleid=2624724>
13. <https://leader.pubs.asha.org/doi/10.1044/leader.BML.22052017.28>
14. Arvedson, Joan C. (October 2008). Food for Thought on Pediatric Feeding and Swallowing. *Swallowing and Swallowing Disorders (Dysphagia)* 17; 110-118.