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 Chapter:  
 Subject: Barium Swallow Studies, Modified  
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## FUTURE Local Coverage Determination (LCD): Barium Swallow Studies, Modified (L35433)

### Contractor Information

Contractor Name	Contract Number	Contract Type	Jurisdiction
Novitas Solutions, Inc.	12101 12201 12301 12401 12501	A and B MAC	J - L

### LCD Information

#### Document Information

**LCD ID**  
L35433

**Original ICD-9 LCD ID**  
L34747

**LCD Title**  
Barium Swallow Studies, Modified

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**Jurisdiction**  
 Delaware  
 District of Columbia  
 Maryland  
 New Jersey  
 Pennsylvania

**Original Effective Date**  
For services performed on or after 10/01/2015

**Revision Effective Date**  
For services performed on or after 10/01/2015

**Revision Ending Date**  
N/A

**Retirement Date**  
N/A

**Notice Period Start Date**  
N/A

**Notice Period End Date**  
N/A

#### **CMS National Coverage Policy**

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for barium swallow study services. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for barium swallow study services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies regarding barium swallow study services are found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

- Medicare Benefit Policy Manual – Pub. 100-02.
- Medicare National Coverage Determinations Manual – Pub. 100-03.
- Correct Coding Initiative – Medicare Contractor Beneficiary and Provider Communications Manual – Pub. 100-09, Chapter 5.
- Social Security Act (Title XVIII) Standard References, Sections:

- 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.
- 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.

## Coverage Guidance

### Coverage Indications, Limitations, and/or Medical Necessity

*Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.*

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

The videofluoroscopic swallowing study, also known as the Modified Barium Swallow (MBS), is a videofluoroscopic, radiographic test that differs from the traditional barium swallow procedures (e.g., pharyngoesophagram and upper gastrointestinal series) in both procedure and purpose. During the procedure, the patient is seated in an upright or semi-reclined position and given various quantities and textures of food and/or liquids mixed with a contrast material. The procedure includes observation of containment of the food/liquid in the oral cavity, mastication, tongue mobility during oral bolus transport, elevation and retraction of the velum, tongue base retraction, upward and forward movement of the hyoid bone and larynx, laryngeal closure, pharyngeal contraction, and extent and duration of pharyngoesophageal segment opening. The presence, timing, and cause of penetration or aspiration into the upper airways are observed. Observations of esophageal clearance in the upright position, sensation and muscle strength may be measured directly or inferred. The videofluoroscopic swallowing study is a collaborative study that can be performed by a speech-language pathologist and a radiologist.

Instrumental assessment of swallowing is indicated for either the evaluation of a patient with dysphagia who has a pharyngeal dysfunction or who is at risk for aspiration.

Among the important clinical syndromes that contribute to the presentation of dysphagia and where **instrumental assessment of swallowing** may be helpful are:

- Patients with stroke or other Central Nervous System (CNS) disorder with associated impairment of speech and swallowing.
- Patients with surgical ablation or radiation due to head and neck cancer with documented difficulty in swallowing.
- Patients without obvious CNS disorder, but with documented difficulty in swallowing.
- Patients with generalized debilitation and with difficulty swallowing food.
- Patients with neuromuscular diseases and rheumatologic diseases known to cause dysphagia.
- Patients with a clinical history of aspiration or a history of aspiration pneumonia.
- Patients with head or neck (throat) injury, including peripheral nerve injury from any cause.

Concerns have been expressed that the use of such services in a mobile setting lacks evidence of medical effectiveness. 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, thus requiring physician presence during the procedure in such settings.

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

- Office (11).
- Inpatient hospital (21).
- Outpatient hospital (22).
- Emergency room hospital (23).
- Comprehensive inpatient rehabilitation facility (61).
- Comprehensive outpatient rehabilitation facility (62).

**Notice:** This LCD imposes diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

As published in CMS IOM 100-08, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862(a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
  - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
  - Furnished in a setting appropriate to the patient's medical needs and condition.
  - Ordered and furnished by qualified personnel.
  - One that meets, but does not exceed, the patient's medical needs.
  - At least as beneficial as an existing and available medically appropriate alternative.

## 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.

012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
075x	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
085x	Critical Access Hospital

**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.

**Note:** The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all the CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS *Internet-Only Manual (IOM) Pub. 100-04 Claims Processing Manual* for further guidance.

032X	Radiology - Diagnostic - General Classification
044X	Speech-Language Pathology - General Classification

**CPT/HCPCS Codes**

**Group 1 Paragraph: Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 Codes:

70370	Throat x-ray & fluoroscopy
70371	Speech evaluation complex
74230	Cine/vid x-ray throat/esoph

**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:** It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

**Note:** Providers should continue to submit ICD-10-CM diagnosis codes without decimals on their claim forms and electronic claims.

The CPT/HCPCS codes included in this LCD will be subjected to "procedure to diagnosis" editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

**Report dysphagia with the primary diagnosis of I69.091, I69.191, I69.291, I69.391, I69.891, I69.991, J69.0, R13.0, R13.10-R13.14 or R13.19. At least one of the secondary diagnoses from the secondary diagnoses list below is required for R13.0, R13.10-R13.14 and R13.19. (I69.091, I69.191, I69.291, I69.391, I69.891, I69.991 and J69.0 do not require a secondary diagnosis)**

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 70370, 70371 and 74230:**

**Primary Diagnosis:**

**Group 1 Codes:**

Group 1Codes

ICD-10 Code	Description
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage
I69.391	Dysphagia following cerebral infarction
I69.891	Dysphagia following other cerebrovascular disease
I69.991	Dysphagia following unspecified cerebrovascular disease
J69.0	Pneumonitis due to inhalation of food and vomit

R13.0*	Aphagia
R13.10*	Dysphagia, unspecified
R13.11*	Dysphagia, oral phase
R13.12*	Dysphagia, oropharyngeal phase
R13.13*	Dysphagia, pharyngeal phase
R13.14*	Dysphagia, pharyngoesophageal phase
R13.19*	Other dysphagia

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: \*Codes R13.0, R13.10-R13.14 and R13.19 as the primary diagnosis require a secondary (dual) diagnosis from the codes below.**

Showing 1 to 14 of 14 entries in Group 1

**Group 2 Paragraph:** The following are secondary (dual) diagnoses to be used with R13.0, R13.10-R13.14 and R13.19 (primary diagnosis) to meet limited coverage for CPT/HCPCS codes 70370, 70371 and 74230:

**Secondary Diagnosis:**

**Group 2 Codes:**

Group 2Codes

ICD-10 Code	Description
A31.0	Pulmonary mycobacterial infection
B91	Sequelae of poliomyelitis
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth

C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring

C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C76.0	Malignant neoplasm of head, face and neck
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
D10.1	Benign neoplasm of tongue
D10.2	Benign neoplasm of floor of mouth
D10.30	Benign neoplasm of unspecified part of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4	Benign neoplasm of tonsil
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.7	Benign neoplasm of hypopharynx
D10.9	Benign neoplasm of pharynx, unspecified
D11.0	Benign neoplasm of parotid gland
D11.7	Benign neoplasm of other major salivary glands
D11.9	Benign neoplasm of major salivary gland, unspecified
D13.0	Benign neoplasm of esophagus
D38.0	Neoplasm of uncertain behavior of larynx
D49.1	Neoplasm of unspecified behavior of respiratory system
F44.4	Conversion disorder with motor symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
G10	Huntington's disease

G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G14	Postpolio syndrome
G20	Parkinson's disease
G21.0	Malignant neuroleptic syndrome
G21.11	Neuroleptic induced parkinsonism
G21.19	Other drug induced secondary parkinsonism
G21.2	Secondary parkinsonism due to other external agents
G21.3	Postencephalitic parkinsonism
G21.4	Vascular parkinsonism
G21.8	Other secondary parkinsonism
G21.9	Secondary parkinsonism, unspecified
G23.0	Hallervorden-Spatz disease
G23.1	Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski]
G23.2	Striatonigral degeneration
G23.8	Other specified degenerative diseases of basal ganglia
G23.9	Degenerative disease of basal ganglia, unspecified
G24.09	Other drug induced dystonia
G24.1	Genetic torsion dystonia
G24.2	Idiopathic nonfamilial dystonia
G24.3	Spasmodic torticollis
G24.4	Idiopathic orofacial dystonia
G24.5	Blepharospasm
G24.8	Other dystonia
G24.9	Dystonia, unspecified
G25.3	Myoclonus
G25.4	Drug-induced chorea
G25.5	Other chorea
G25.70	Drug induced movement disorder, unspecified
G25.71	Drug induced akathisia
G25.79	Other drug induced movement disorders
G25.82	Stiff-man syndrome
G25.83	Benign shuddering attacks
G25.89	Other specified extrapyramidal and movement disorders
G25.9	Extrapyramidal and movement disorder, unspecified
G26	Extrapyramidal and movement disorders in diseases classified elsewhere
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination

G36.9	Acute disseminated demyelination, unspecified
G37.0	Diffuse sclerosis of central nervous system
G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G37.4	Subacute necrotizing myelitis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation
G71.0	Muscular dystrophy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G81.00	Flaccid hemiplegia affecting unspecified side
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.90	Hemiplegia, unspecified affecting unspecified side
G81.91	Hemiplegia, unspecified affecting right dominant side
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right nondominant side
G81.94	Hemiplegia, unspecified affecting left nondominant side
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G90.3	Multi-system degeneration of the autonomic nervous system
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery

I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.8	Other cerebral infarction
I63.9	Cerebral infarction, unspecified
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries

I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.3	Occlusion and stenosis of cerebellar arteries
I66.8	Occlusion and stenosis of other cerebral arteries
I66.9	Occlusion and stenosis of unspecified cerebral artery
I67.89	Other cerebrovascular disease
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage
I69.120	Aphasia following nontraumatic intracerebral hemorrhage
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage
I69.220	Aphasia following other nontraumatic intracranial hemorrhage
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side

I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage
I69.320	Aphasia following cerebral infarction
I69.321	Dysphasia following cerebral infarction
I69.322	Dysarthria following cerebral infarction
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.391	Dysphagia following cerebral infarction
I69.820	Aphasia following other cerebrovascular disease
I69.821	Dysphasia following other cerebrovascular disease
I69.822	Dysarthria following other cerebrovascular disease
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.891	Dysphagia following other cerebrovascular disease
I69.920	Aphasia following unspecified cerebrovascular disease
I69.921	Dysphasia following unspecified cerebrovascular disease
I69.922	Dysarthria following unspecified cerebrovascular disease
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
I69.991	Dysphagia following unspecified cerebrovascular disease
J05.0	Acute obstructive laryngitis [croup]
J38.00	Paralysis of vocal cords and larynx, unspecified
J38.01	Paralysis of vocal cords and larynx, unilateral
J38.02	Paralysis of vocal cords and larynx, bilateral

J38.4	Edema of larynx
J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	Bronchiectasis with (acute) exacerbation
J47.9	Bronchiectasis, uncomplicated
J69.0	Pneumonitis due to inhalation of food and vomit
K20.0	Eosinophilic esophagitis
K21.9	Gastro-esophageal reflux disease without esophagitis
K22.0	Achalasia of cardia
K22.2	Esophageal obstruction
K22.3	Perforation of esophagus
K22.4	Dyskinesia of esophagus
K22.5	Diverticulum of esophagus, acquired
K94.30	Esophagostomy complications, unspecified
K94.31	Esophagostomy hemorrhage
K94.32	Esophagostomy infection
K94.33	Esophagostomy malfunction
K94.39	Other complications of esophagostomy
M33.00	Juvenile dermatomyositis, organ involvement unspecified
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.10	Other dermatomyositis, organ involvement unspecified
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.19	Other dermatomyositis with other organ involvement
M33.20	Polymyositis, organ involvement unspecified
M33.21	Polymyositis with respiratory involvement
M33.22	Polymyositis with myopathy
M33.29	Polymyositis with other organ involvement
M33.90	Dermatopolyomyositis, unspecified, organ involvement unspecified
M33.91	Dermatopolyomyositis, unspecified with respiratory involvement
M33.92	Dermatopolyomyositis, unspecified with myopathy
M33.99	Dermatopolyomyositis, unspecified with other organ involvement
M34.0	Progressive systemic sclerosis
M34.1	CR(E)ST syndrome
M34.2	Systemic sclerosis induced by drug and chemical
M34.81	Systemic sclerosis with lung involvement
M34.82	Systemic sclerosis with myopathy
M34.83	Systemic sclerosis with polyneuropathy
M34.89	Other systemic sclerosis
M34.9	Systemic sclerosis, unspecified
M36.0	Dermato(poly)myositis in neoplastic disease

R13.10	Dysphagia, unspecified
R47.02	Dysphasia
R47.1	Dysarthria and anarthria
R47.81	Slurred speech
R47.89	Other speech disturbances
R47.9	Unspecified speech disturbances
R49.8	Other voice and resonance disorders
R63.3	Feeding difficulties
R68.89	Other general symptoms and signs
S09.10XS	Unspecified injury of muscle and tendon of head, sequela
S09.19XS	Other specified injury of muscle and tendon of head, sequela
S09.8XXS	Other specified injuries of head, sequela
S09.90XS	Unspecified injury of head, sequela
S16.8XXS	Other specified injury of muscle, fascia and tendon at neck level, sequela
S16.9XXS	Unspecified injury of muscle, fascia and tendon at neck level, sequela
S19.80XS	Other specified injuries of unspecified part of neck, sequela
S19.81XS	Other specified injuries of larynx, sequela
S19.82XS	Other specified injuries of cervical trachea, sequela
S19.83XS	Other specified injuries of vocal cord, sequela
S19.84XS	Other specified injuries of thyroid gland, sequela
S19.85XS	Other specified injuries of pharynx and cervical esophagus, sequela
S19.89XS	Other specified injuries of other specified part of neck, sequela
S19.9XXS	Unspecified injury of neck, sequela
S29.001S	Unspecified injury of muscle and tendon of front wall of thorax, sequela
S29.002S	Unspecified injury of muscle and tendon of back wall of thorax, sequela
S29.009S	Unspecified injury of muscle and tendon of unspecified wall of thorax, sequela
S29.091S	Other injury of muscle and tendon of front wall of thorax, sequela
S29.092S	Other injury of muscle and tendon of back wall of thorax, sequela
S29.099S	Other injury of muscle and tendon of unspecified wall of thorax, sequela
S29.8XXS	Other specified injuries of thorax, sequela
S29.9XXS	Unspecified injury of thorax, sequela
T17.300A	Unspecified foreign body in larynx causing asphyxiation, initial encounter
T17.308A	Unspecified foreign body in larynx causing other injury, initial encounter
T17.310A	Gastric contents in larynx causing asphyxiation, initial encounter
T17.318A	Gastric contents in larynx causing other injury, initial encounter
T17.320A	Food in larynx causing asphyxiation, initial encounter
T17.328A	Food in larynx causing other injury, initial encounter
T17.390A	Other foreign object in larynx causing asphyxiation, initial encounter
T17.398A	Other foreign object in larynx causing other injury, initial encounter
T17.400A	Unspecified foreign body in trachea causing asphyxiation, initial encounter
T17.408A	Unspecified foreign body in trachea causing other injury, initial encounter
T17.410A	Gastric contents in trachea causing asphyxiation, initial encounter

T17.418A	Gastric contents in trachea causing other injury, initial encounter
T17.420A	Food in trachea causing asphyxiation, initial encounter
T17.428A	Food in trachea causing other injury, initial encounter
T17.490A	Other foreign object in trachea causing asphyxiation, initial encounter
T17.498A	Other foreign object in trachea causing other injury, initial encounter
T17.500A	Unspecified foreign body in bronchus causing asphyxiation, initial encounter
T17.508A	Unspecified foreign body in bronchus causing other injury, initial encounter
T17.510A	Gastric contents in bronchus causing asphyxiation, initial encounter
T17.518A	Gastric contents in bronchus causing other injury, initial encounter
T17.520A	Food in bronchus causing asphyxiation, initial encounter
T17.528A	Food in bronchus causing other injury, initial encounter
T17.590A	Other foreign object in bronchus causing asphyxiation, initial encounter
T17.598A	Other foreign object in bronchus causing other injury, initial encounter
T17.800A	Unspecified foreign body in other parts of respiratory tract causing asphyxiation, initial encounter
T17.808A	Unspecified foreign body in other parts of respiratory tract causing other injury, initial encounter
T17.810A	Gastric contents in other parts of respiratory tract causing asphyxiation, initial encounter
T17.818A	Gastric contents in other parts of respiratory tract causing other injury, initial encounter
T17.820A	Food in other parts of respiratory tract causing asphyxiation, initial encounter
T17.828A	Food in other parts of respiratory tract causing other injury, initial encounter
T17.890A	Other foreign object in other parts of respiratory tract causing asphyxiation, initial encounter
T17.898A	Other foreign object in other parts of respiratory tract causing other injury, initial encounter
T17.900A	Unspecified foreign body in respiratory tract, part unspecified causing asphyxiation, initial encounter
T17.908A	Unspecified foreign body in respiratory tract, part unspecified causing other injury, initial encounter
T17.910A	Gastric contents in respiratory tract, part unspecified causing asphyxiation, initial encounter
T17.918A	Gastric contents in respiratory tract, part unspecified causing other injury, initial encounter
T17.920A	Food in respiratory tract, part unspecified causing asphyxiation, initial encounter
T17.928A	Food in respiratory tract, part unspecified causing other injury, initial encounter
T17.990A	Other foreign object in respiratory tract, part unspecified in causing asphyxiation, initial encounter
T17.998A	Other foreign object in respiratory tract, part unspecified causing other injury, initial encounter
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z85.21	Personal history of malignant neoplasm of larynx
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx

Showing 1 to 424 of 424 entries in Group 2

**ICD-10 Codes that DO NOT Support Medical Necessity**

Additional ICD-10 Information

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N/A

## General Information

### Associated Information

#### Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.

#### Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

CPT codes *70370*, *70371* and *74230* describe the complete procedure and should not be billed more than one time per patient on the same date of service. Only one of the above codes should be billed per patient on the same date of service.

**Notice:** This LCD imposes utilization guideline limitations. Despite Medicare's allowing up to these maximums, each patient's condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient's medical record. Medicare expects that patients will not routinely require the maximum allowable number of services.

Italicized and/or quoted material is excerpted from the American Medical Association, Current Procedural Terminology (CPT) codes

#### Sources of Information and Basis for Decision

L32621, Barium Swallow Studies, Modified, Novitas Solutions Jurisdiction H Local Coverage Determination

Other Contractor Policies

Contractor Medical Directors

Original JH ICD-9 Source LCD L34747, Barium Swallow Studies, Modified

## Revision History Information

**Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.**

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R1	08/20/20115 - Revenue Code 0321 descriptor has changed. Please note that this code is included in a code range.	• Other (Revenue Code Update )

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

N/A

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 08/31/2015 with effective dates 10/01/2015 - N/A

Updated on 07/16/2014 with effective dates 10/01/2015 - N/A

## Keywords

N/A