Clinical Policy Title: Speech evaluation recording (CPT 70371)

Clinical Policy Number: 15.01.02

Effective Date: February 1, 2017
Initial Review Date: January 18, 2017
Most Recent Review Date: January 18, 2017
Next Review Date: January, 2018

Related policies:

None.

ABOUT THIS POLICY: Keystone First has developed clinical policies to assist with making coverage determinations. Keystone First’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 Keystone First 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. Keystone First’s 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. Keystone First’s clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Keystone First will update its clinical policies as necessary. Keystone First’s clinical policies are not guarantees of payment.

Coverage policy

Keystone First considers the use of speech evaluation recordings (complex dynamic pharyngeal and speech evaluation by cine or video) recording to be clinically proven and, therefore, medically necessary when ALL of the following criteria are met:

- Member is medically stable with medical or surgical comorbidities manageable and not requiring acute medical attention.
  Services must be diagnostic, rehabilitative supervision of a speech pathologist, 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 to recommend to the member’s physician a plan of treatment.
- The service will rule out aspiration and/or to make appropriate diet recommendations regardless of the presence of a communication disability.
- Medical record documentation, such as office/progress notes, etc. must indicate that the physician’s evaluation demonstrated a need for any further diagnostic testing related to dysphagia/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 the goals.
- The frequency, type and duration of these interventions must also be specified.

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<thead>
<tr>
<th>EPSDT Coverage Guide statement</th>
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<td>The Medicaid program’s benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic and Treatment services, or EPSDT. EPSDT 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 Act). The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure 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.</td>
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Limitations:
- Sign language (does not require the services of a licensed or certified healthcare professional).
- A child being bilingual is not considered a developmental speech or developmental delay and speech therapy is usually not a covered health service, except when other criteria for speech therapy are met (see definition of Speech Delay – Bilingualism).
- Home Speech Therapy for the convenience of a provider or member.

Alternative covered services:
N/A

Background
A language disorder is characterized by deficiencies in comprehension (understanding) and/or production (use) of spoken and written language. The impairment may involve the form of language (phonology, morphology, and syntax), the content of language (semantics), or the function of language in communication (pragmatics or social communication). Language disorders in children can result from congenital syndromes (e.g., Down syndrome, fragile X syndrome), diseases (e.g., meningitis), hearing loss, or head injury. Language disorders in adults can result from head injury and/or stroke.

According to the Speech-Language Pathology Medical Review Guidelines of the American Speech-Language-Hearing Association, treatment for language disorders constitutes intervention services for children and adults with spoken and/or written language disorders. These conditions include problems in areas of language form (phonology and alphabetic symbols, morphology and orthographic patterns, and
syntax), content (semantics), and/or use (pragmatics or social communication) across spoken and written modalities. Knowledge and use of language for listening, speaking, reading, writing, and thinking may include work on print symbols, syntax, and semantics, for example. Understanding and formulating complex spoken and written sentences may be a goal of treatment, as well as developing self-regulatory strategies for handling complex language and literacy demands.

The speech and language pathologist has a professional degree and should be certified by The American Speech-Language-Hearing Association (ASHA). Speech therapy may involve the management of those who need evaluation of cognitive skill and aphasia resulting from cortical dysfunction, or management of patients with laryngectomy and other head and neck surgical procedures.

A combination of interview techniques, behavioral observations, and standardized instruments is used by the speech and language pathologist to identify communication disorders as well as patterns of communication that are not pathological.

Evaluation speech-language pathologists are responsible for evaluating and developing a treatment plan that outlines the selected approaches and types of intervention to be used to enable the client to reach identified targeted outcomes. The plan should include activities that develop, improve, sustain, or restore language and communication skills. The plan should also include strategies to educate the client, family, caregivers, or others in carrying out appropriate non-skilled interventions.

Videofluoroscopic Swallowing Study (VFSS), or Motion fluoroscopic evaluation of swallowing by cine or video recording, also known as the modified barium swallow (MBS) is a videofluoroscopic, radiographic test that differs from the traditional barium swallow procedure.

The MBS incorporates a set of modifications in consistency, bolus size, texture, patient positioning, and radiographic focus to facilitate optimum visualization of the oral-pharyngeal laryngeal structures and their function during swallowing. The effects of compensatory maneuvers and diet modification on aspiration prevention and/or bolus transport during swallowing can be studied radiographically to determine a safe diet and to maximize efficiency of the swallow. Complex dynamic pharyngeal and speech evaluation by cine or video recording (CPT 70371), like the barium swallow study, assesses mouth and throat function, but, more specifically, it allows the speech-language pathologist to record how the tongue, palate and other soft tissues function.

Another type of test that uses recordings is the Endoscopic evaluation of swallowing by cine or video recording (also called Flexible Fiberoptic). Endoscopic Evaluation of Swallowing (FEES) uses the fiberoptic nasopharyngolaryngoscope to evaluate the pharyngeal swallow. Detailed information regarding swallowing function and related functions of structures within the upper aerodigestive tract are obtained. Therapeutic maneuvers are attempted during this examination to determine a safe diet and to maximize the efficiency of the swallow.
Keystone First searched PubMed and the databases of:
- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality’s National Guideline Clearinghouse and other evidence-based practice centers.
- The Centers for Medicare & Medicaid Services (CMS).

We conducted searches on September 30, 2016. Search terms were: “dysphagia, speech sound disorders, developmental motor speech disorders, speech evaluation.”

We included:
- **Systematic reviews**, which pool results from multiple studies to achieve larger sample sizes and greater precision of effect estimation than in smaller primary studies. Systematic reviews use predetermined transparent methods to minimize bias, effectively treating the review as a scientific endeavor, and are thus rated highest in evidence-grading hierarchies.
- **Guidelines based on systematic reviews**.
- **Economic analyses**, such as cost-effectiveness, and benefit or utility studies (but not simple cost studies), reporting both costs and outcomes — sometimes referred to as efficiency studies — which also rank near the top of evidence hierarchies.

**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). 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 language therapist, after completion of a medical evaluation (CMS, 2008). 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, Keystone First considers this service to be medically necessary when the EPSDT criteria (described in the coverage section of this policy) are met.

**Policy Updates:**

None.
### Summary of clinical evidence:

<table>
<thead>
<tr>
<th>Citation</th>
<th>Content, Methods, Recommendations</th>
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<td><strong>Di Berardino (2010)</strong>&lt;br&gt;Influence of compact disk recording protocols on reliability and comparability of speech audiometry outcomes: acoustic analysis.</td>
<td><strong>Key points:</strong>&lt;br&gt;- Acoustic analysis revealed that speech material had been recorded using different protocols. The major difference was the gain between the levels at which the speech material and the calibration signal had been recorded.&lt;br&gt;- Speech recognition thresholds and maximum intelligibility thresholds differed significantly between compact disks (p &lt; 0.05), and were influenced by the gain between the recording level of the speech material and the calibration signal.&lt;br&gt;- To ensure the reliability and comparability of speech test outcomes obtained using different compact disks, it is recommended to check for possible differences in the recording gains used to prepare the compact disks, and then to compensate for any differences before testing.</td>
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<td><strong>NessAiver (2006)</strong>&lt;br&gt;investigate the feasibility of obtaining high quality speech recordings during cine imaging of tongue movement using a fiber optic microphone.</td>
<td><strong>Key points:</strong>&lt;br&gt;- A Complementary Spatial Modulation of Magnetization (C-SPAMM) tagged cine sequence triggered by an electrocardiogram (ECG) simulator was used to image a volunteer while speaking the syllable pairs /al-/ul/, /il-/ul/, and the words &quot;golly&quot; and &quot;Tamil&quot; in sync with the imaging sequence.&lt;br&gt;- A noise-canceling, optical microphone was fastened approximately 1-2 inches above the mouth of the volunteer.&lt;br&gt;- The microphone was attached via optical fiber to a laptop computer, where the speech was sampled at 44.1 kHz. A reference recording of gradient activity with no speech was subtracted from target recordings.&lt;br&gt;- Good quality speech was discernible above the background gradient sound using the fiber optic microphone without reference subtraction.&lt;br&gt;- The audio waveform of gradient activity was extremely stable and reproducible. Subtraction of the reference gradient recording further reduced gradient noise by roughly 21 dB, resulting in exceptionally high quality speech waveforms.&lt;br&gt;- It is possible to obtain high quality speech recordings using an optical microphone even during exceptionally loud cine imaging sequences. This opens up the possibility of more elaborate MRI studies of speech including spectral analysis of the speech signal in all types of MRI.</td>
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<td><strong>Lustyk T (2014)</strong>&lt;br&gt;Evaluation of disfluent speech by means of automatic acoustic measurements.</td>
<td><strong>Key points:</strong>&lt;br&gt;- To determine whether the level of the speech fluency disorder can be estimated by means of automatic acoustic measurements.&lt;br&gt;- These measures analyze, for example, the amount of silence in a recording or the number of abrupt spectral changes in a speech signal.&lt;br&gt;- All the measures were designed to take into account symptoms of stuttering. In the experiment, 118 audio recordings of read speech by Czech native speakers were employed.&lt;br&gt;- The results indicate that the human-made rating of the speech fluency disorder in read speech can be predicted on the basis of automatic measurements. The number of abrupt spectral changes in the speech segments turns out to be the most appropriate measure to describe the overall speech performance.&lt;br&gt;- The results also imply that there are measures with good results describing partial symptoms (especially fixed postures without audible airflow).</td>
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<td><strong>Nelson HD et al. (2006)</strong>&lt;br&gt;Screening for speech and language delay in preschool</td>
<td><strong>Key points:</strong>&lt;br&gt;- Use of risk factors to guide selective screening is not supported by studies. Several aspects of screening have been inadequately studied to determine optimal methods.</td>
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including which instrument to use, the age at which to screen, and which interval is most useful.

- Trials of interventions demonstrate improvement in some outcome measures, but conclusions and generalizability are limited.
- Data are not available addressing other key issues including the effectiveness of screening in primary care settings, role of enhanced surveillance by primary care physicians before referral for diagnostic evaluation, non-speech and language and long-term benefits of interventions, and adverse effects of screening and interventions.

## References

### Professional society guidelines/other:


### Peer-reviewed references:


**CMS National Coverage Determinations (NCDs):**


**Local Coverage Determinations (LCDs):**


**Commonly submitted codes**

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

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<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>70371</td>
<td>Complex dynamic pharyngeal and speech evaluation by cine or video recording</td>
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<th>ICD-10 Code</th>
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<td>Diagnoses not specific in policy</td>
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<th>HCPCS Level II Code</th>
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