



Consultants in Dysphagia Diagnosis and Management

Education about new Ordering and Scheduling Procedure for Professional Imaging

Due to recent changes in healthcare, Professional Imaging is changing the ordering procedure to be in compliance with New Medicare Guidelines. The biggest changes are that THE ORDER MUST BE submitted with the scheduling paperwork and the order must cover all aspects of the testing that you want completed.

Since its beginning, Professional Imaging has offered all portions of our evaluation as our standard of care. The MBSS, the physician assessment, the vocal cord evaluation, and the esophageal scan. It is now a decision of the Medicare regulatory boards that we have each portion ordered individually based on which portions you want completed. The following is an educational tool so that you may determine which evaluations are most appropriate for each individual patient. We will continue to lobby for a global code encompassing this standard of care, until then it is most important that we provide education about ordering the specific portions of each evaluation. If you are referring a new patient or an established patient who now has new symptoms, it is always appropriate to order a complete consultation with all four elements because we have to evaluate the whole patient to determine the diagnosis, contributing factors and whether our strategies are likely to be effective.

The following assessments: MBSS, Esophageal, Vocal Cord Assessment and Physician evaluation, can all be driven by the same symptomology which is listed below:

Coughing/choking
Suspect Silent aspiration
Aspiration Pneumonia
Wet/Gurgly phonation
Difficulty swallowing

THE MBSS

The MBSS is important to assess the functional swallow of the patient as he/she swallows barium soaked foods and liquids. This evaluation can determine when and why a patient is aspirating in the oral and pharyngeal phases of the swallow.

Some of the following are indications for ordering the MBSS:

Diet upgrade
Determine least restrictive diet
Determine safest diet
Pre-tx diagnosis of swallowing function

The Esophageal Assessment

The Esophagram is important in determining if reflux is playing a role in the overall oral/pharyngeal swallowing problem. For instance if a patient has reflux this could lead to aspiration after the swallow from food and liquid returning into the pharynx. The end result could be aspiration pneumonitis which is different than aspiration pneumonia and is caused by refluxed material from the stomach, which includes stomach acids, which can be very dangerous for our compromised patients.

The following are example indications for ordering the esophageal assessment:

History of Reflux

Gagging

Difficulty Swallowing Pills

Wet/Gurgly phonation

Feeling of something “stuck in the throat” also called globus sensation

Pain when swallowing

The Vocal Cord Assessment

The vocal cords are the first level of defense in the swallowing function, when the swallow triggers they close first followed by the epiglottis closing off the airway. With compromised vocal cord movement the airway is compromised with each swallow which can place the patient at higher risk for aspiration pneumonia, especially when aspiration is noted as a result.

The following are example indications for ordering the vocal cord assessment:

Coughing/choking

Suspect Silent aspiration

Voicing Difficulties

Wet/gurgly phonation

Changed Vocal Quality

Difficulty swallowing

The Physician Assessment

Having a licensed physician on board each clinic is very important to the patient for interpreting the results of the swallowing evaluation in conjunction with the overall diagnosis, prognosis and wishes of the patient. After reviewing the patient's chart and evaluating the patient the physician is able to combine the diagnosis, prognosis and wishes of the patient with the results of the MBSS in order to help with quality of life and end of life discussions and develop feeding plans consistent with the patient's current and future feeding difficulties that could arise. Our physicians can help determine when alternative means of feeding might be beneficial for a patient with feeding difficulties and when a discussion about end of life care may be more appropriate.

The following are example indications for ordering the physician assessment:

Diagnosis affecting feeding

End stage disease feeding evaluation

Progressive Weight loss

Recent change in status

Peg tube feeding evaluation

History of aspiration pneumonia