



523 North Sam Houston Parkway East Suite #125

HOUSTON, TEXAS 77060

Tel: 1-866-675-MBSS or 281-272-MBSS

Fax: 1-877-676-MBSS or 281-272-6281

Educational Guidelines for Doctor's Orders in Effect Dec. 6, 2010

We have always provided comprehensive Dysphagia Consultations with Modified Barium Swallow along with esophageal assessment, vocal cord closure and physician evaluation as our standard of care for dysphagia assessment and management. However, due to the ever changing guidelines occurring with our local carrier and some insurance companies, you must now specify the level of assessment you require and reasoning behind the request.

Below is the breakdown of what we offer so that you can determine what is appropriate for your patient's needs.

Minimal Level of Dysphagia Evaluation Service:

- **MBSS-** Videofluoroscopic assessment of oropharyngeal swallow on fluoro and limited xray report (assessment of oropharynx only). Medical necessity/reason may include, but is not limited to: coughing, define pathophysiology of dysphagia, wet/gurgly phonation, r/o silent aspiration, aspiration pneumonia, determine safest and least restrictive diet

Further Assessments:

- **Esophageal Assessment-** Videofluoroscopic assessment of esophagus to esophageal gastric junction. Static pictures may be taken. Medical necessity/reason may include, but is not limited to rule out stricture, globus sensation, vomiting, choking, food sticking in throat, regurgitation, difficulty swallowing solids and/or pills, pain on swallowing, gagging. This is an important assessment if you believe the patient has reflux
- **Vocal Cords Assessment-** Videofluoroscopic assessment of vocal cord closure. Medical necessity/reason may include, but is not limited to vocal cord paralysis, need to determine adequate closure to protect airway, Dysphonia, weak cough, "breathy" or weak voice, and coughing/choking.
- **Physician Evaluation** - Comprehensive evaluation and MD report for maintenance of nutritional status (alimentation), medication reconciliation and effect on swallowing, physical/neck/ and oral exam and impact on swallowing, quality of life discussion, family/patient education, and recommendations for further consultations if appropriate. Medical necessity/reason may include, but is not limited to assess risk of aspiration, determine appropriate nutritional status, inadequate nutrition, shortness of breath while eating/drinking, respiratory distress,

compromised airway, weight loss, and excessive secretions from eyes, nose or mouth during swallowing.

All orders must be on facility or referring physician order forms.

Several Examples of Orders:

Example: “MBSS to assess safest and least restrictive diet suspect aspiration, esophageal assessment d/t choking, vocal cord assessment to determine adequate closure d/t weak cough, and physician eval due d/t respiratory distress during po intake.”

Example: MBSS to r/o silent aspiration, assessment of esophagus due to vomiting, vocal cord assessment to r/o poor vc/airway protection, and Physician eval to determine appropriate nutritional status

Example: Dysphagia Consult Evaluation to include: MBSS to determine diet upgrade given previously documented aspiration.

Example: Dysphagia Consult Evaluation to include MBSS d/t wet/gurgly phonation and esophageal assessment to determine impact of esophageal motility, reflux or narrowing.

Example: MBSS d/t s/s of aspiration on bedside exam

Example: Dysphagia Consult : “MBSS to assess safest and least restrictive diet along with esophageal and vocal cord assessment with physician eval due to vomiting and coughing.”

Example: “MBSS to define the pathophysiology of the dysphagia, assessment of esophagus due to vomiting, vocal cord assessment d/t weak cough, and Physician eval due to compromised airway and weight loss.

Example : Complete Consult Evaluation with MBSS, Esophageal Evaluation, Vocal Cord Evaluation and physician recommendations in complex patient with s/s of weight loss, coughing, choking, previous aspiration pneumonia, and neurologic impairment.

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