VIDEOFLUOROSCOPIC EVALUATION OF VELOPHARYNGEAL DYSFUNCTION

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Velopharyngeal dysfunction (VPD) refers to excessive nasal resonance or hyper-nasality during speech as the consequence of anatomical abnormalities of the velopharyngeal sphincter involving the velum (soft palate) and/or pharyngeal walls that compromise the seal between the nasopharynx and oral cavity. Normal phonation requires the generation of a column of air that flows from the subglottis into the upper airway. When VPD is present, air escapes through the nose during speech, resulting in the characteristic nasal resonancy. VPD is most commonly associated with cleft palate; it may be the only sign of a submucous cleft palate, or may persist after closure of an overt cleft palate.
VIDEOFLUOROSCOPIC EVALUATION OF VELOPHARYNGEAL DYSFUNCTION
(cont.)

Description: (cont.)

Velopharyngeal dysfunction can usually be diagnosed by the speech/language pathologist based upon the presence of hypernasal speech, compensatory mis-articulations, escape of air through the nose, insufficient oral pressure for consonant production, and aberrant facial movements. Imaging options include fiberoptic nasoendoscopy and videofluoroscopy. Videofluoroscopy is a noninvasive radiologic technique intended to assess the competency of velopharyngeal closure. Videotape recording produces a continuous record of the velopharyngeal mechanism. A barium coating of the pharyngeal structures can be used to provide contrast in the videofluoroscopic image. Frontal and basal viewing angles can be used alone or in combination. The procedure is used to assess various forms of velopharyngeal insufficiency, including cleft palate. Videofluoroscopy is frequently performed as an adjunct to surgical planning in individuals who don’t respond to conservative treatment, such as speech therapy, and is performed in the presence of both a radiologist and speech pathologist.

Velopharyngeal insufficiency, including cleft palate, can contribute to swallowing disorders.

Criteria:

- Videofluoroscopy of the velopharyngeal closure for the assessment of swallowing disorders/dysphagia is considered **medically necessary**.

- Videofluoroscopy of velopharyngeal closure is **medically necessary** for the pre-surgical planning of individuals with velopharyngeal issues, including cleft palate.

- Videofluoroscopy of the velopharyngeal closure for all other indications not listed above is considered **experimental or investigational** based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.
VIDEOFLUOROSCOPIC EVALUATION OF VELOPHARYNGEAL DYSFUNCTION (cont.)

Resources:


