

NCD for Speech-Language Pathology Services for the Treatment of Dysphagia (170.3)

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170.3

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2

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10/1/2006

Implementation Date

10/2/2006

Benefit Category

Outpatient Speech Language Pathology Services

Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Coverage Topic

Physical, Occupational, and Speech Therapy

Item/Service Description

Dysphagia is a swallowing disorder that may be due to various neurological, structural, and cognitive deficits. Dysphagia may be the result of head trauma, cerebrovascular accident, neuromuscular degenerative diseases, head and neck cancer, and encephalopathies. While dysphagia can afflict any age group, it most often appears among the elderly.

Patients who are motivated, moderately alert, and have some degree of deglutition and swallowing functions are appropriate candidates for dysphagia therapy. Elements of the therapy program can include thermal stimulation to heighten the sensitivity of the swallowing reflex, exercises to

improve oral-motor control, training in laryngeal adduction and compensatory swallowing techniques, and positioning and dietary modifications. Design all programs to ensure swallowing safety of the patient during oral feedings and maintain adequate nutrition.

Indications and Limitations of Coverage

Speech **-language** pathology services are covered under Medicare for the treatment of dysphagia, regardless of the presence of a communication disability.

Cross Reference

The Medicare Benefit Policy Manual, Chapter 15, "Covered Medical and Other Health Services," §§220 and 230. **3**.

Transmittal Number

55

Transmittal Link

<http://www.cms.hhs.gov/transmittals/downloads/R55NCD.pdf>

Revision History

08/1989 - Covered regardless of presence of a communication disability. Effective date 08/28/1989. (TN 39)

05/2006 - Issued. Effective date: 10/01/2006. ([TN 55](#)) CR4014

Claims Processing Instructions

- [TN 941 \(Medicare Claims Processing\)](#)

Other Versions

[Speech Pathology Services for the Treatment of Dysphagia](#) - Version 1, Effective between 08/28/1989 - 10/01/2006

Source: CMS Manual 100-3 Section 170.3