

Evidence Based Guideline

Videofluoroscopic Evaluation of Velopharyngeal Closure for Speech Disorders

File Name: videofluoroscopic_evaluation_of_velopharyngeal_closure_for_speech_disorders
Guideline Number: EBG.RAD5250
Origination: 11/1989
Last Review: 8/2007

Active guideline, no longer scheduled for routine literature review

Description of Procedure or Service

Velopharyngeal dysfunction (VPD) refers to excessive nasal [resonance](#) or [hypernasality](#) 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 resonance. 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](#).

Velopharyngeal dysfunction can usually be diagnosed by the [speech-language pathologist](#) based on the presence of hypernasal speech, compensatory misarticulations, 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 [non-invasive](#) 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 patients who do not respond to conservative treatment such as speech therapy.

Evidence Based Guideline for Videofluoroscopic Evaluation of Velopharyngeal Closure for Speech Disorders

Active guideline, no longer scheduled for routine literature review.

Videofluoroscopic Evaluation of [Velopharyngeal Closure](#) for Speech Disorders may be appropriate in the assessment of velopharyngeal dysfunction.

Policy: Videofluoroscopic Evaluation of Velopharyngeal Closure for Speech Disorders

Medical Evidence regarding Videofluoroscopic Evaluation of Velopharyngeal Closure for Speech Disorders indicates it is not recommended in the following situations:

Since videofluoroscopy is performed while the patient is talking, videofluoroscopic evaluation of [velopharyngeal closure](#) for speech disorders is not recommended in children until around three years of age when they are able to repeat words and sentences with ease. To minimize exposure to radiation the child needs to be able to co-operate well.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 70371

Medical Term Definitions

Cleft palate

congenital fissure of the soft and/or hard palate, due to faulty fusion.

Hypernasality

speech that sounds overly "nasal," as if the person is "talking through his/her nose."

Nasopharynx

the part of the pharynx which lies above the level of the soft palate; the area of the upper throat that lies behind the nose..

Non-invasive

a diagnostic technique that does not involve puncture or incision of the skin or insertion of an instrument or foreign material into the body.

Pharyngeal

having to do with the throat (pharynx).

Phonation

production of voice sounds.

Resonance

vocal quality associated with the vibration of air in the oral and nasal cavities during speech.

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Soft palate

the muscular part of the roof of the mouth. The soft palate is directly behind the hard palate. The soft palate lacks bone and is soft.

Speech-Language Pathologist

an individual with the necessary academic training and experience to be certified or licensed to diagnose and treat disorders of speech, language, and communication.

Subglottis

the lower part of the larynx just below the vocal cords down to the top of the trachea.

Submucous Cleft Palate

an abnormality of the muscle attachments to the soft palate with an intact oral and nasal mucosa; a situation where the soft palate is largely composed of mucosa with little or no muscle; defect in the muscles of the soft palate.

Velopharyngeal Closure

the closing of the nasal cavity from the oral cavity which directs air used in speech through the mouth rather than the nose. It requires interaction of the muscles in the palate and the back of the throat.

Velopharyngeal Insufficiency

a structural or functional disorder resulting in the inability to achieve adequate separation of the nasal and oral cavities.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - 7/96

Medical Policy Advisory Group - 3/99

Specialty Matched Consultant Advisory Panel - 7/2000

Vadodaria S. Does MRI contribute to the investigation of palatal function? *Br J Plast Surg.* 2000;53(3):191-9.

Wilcox F. Interjudge agreement in videofluoroscopic studies of swallowing. *J Speech Hear Res.* 1996 Feb;39(1):144-52.

Medical Policy Advisory Group - 9/14/2000

Specialty Matched Consultant Advisory Panel - 6/2002

BCBSA Medical Policy Reference Manual, 6.01.15; 4/29/03

Policy Implementation/Update Information

12/85 Evaluated: Experimental/Investigative (Advice to plans)

3/88 Reviewed: Investigational

10/96 Reaffirmed: National Association reviewed 7/96. No changes.

5/99 Reaffirmed based on MPAG review of 3/99

7/99 Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.

Policy: Videofluoroscopic Evaluation of Velopharyngeal Closure for Speech Disorders

- 7/00 Specialty Matched Consultant Advisory Panel. Added phrase under Policy Guidelines to say, "MRI or nasopharyngoscopy are generally considered more appropriate techniques to evaluate velopharyngeal insufficiency."
- 8/00 System coding changes.
- 9/00 Medical Policy Advisory Group reviewed. Approved. No change to criteria.
- 2/02 Coding format change.
- 6/02 Specialty Matched Consultant Advisory Panel review. No change to criteria.
- 3/04 Policy status changed to: "Active policy, no longer scheduled for routine literature review."
- 10/8/07 Medical Policy changed to Evidence Based Guideline. Description section revised and Medical Term Definitions added.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.