**Medical Necessity of Voice Analysis with Dysphagia Patients CPT Code 92524**

1. Dysphagia and Dysphonia frequently coexist in geriatric, medically complex patients residing in long term care (SNF) facilities.
2. The muscles of voice are also inseparable muscles utilized in the pharyngeal phase of swallowing.
3. Some voice therapies (i.e., LSVT) have been shown to have significant therapeutic crossover effects in the form of Level 1 evidence for treatment of pharyngeal phase dysphagia.
4. Glissandos from low pitch to high pitch, Glissandos from high pitch to low pitch, and various types of TVF Adduction tasks need a voice exam preferably with stroboscopy to ensure no threats are posed to the airway at the level of the larynx regardless if the primary purpose of using them is a swallow disorder, a voice disorder or both.

It is critical to ensure both the patient wellbeing and patient safety when treating pharyngeal swallow disorders which often include the larynx. The perceptual, acoustic, and stroboscopic components of Comprehensive Swallow-Voice Assessment (CSA) endoscopy procedures ensure all of this when holistically evaluating physiological disorders of the upper aerodigestive tract including, but not limited to, dysphagia.

To ensure reimbursement for CPT Code 92524, it is important for the facility SLP to document any signs characteristic of a voice disorder on the clinical (Bedside) swallow exam, including the HCFA 700. These signs characteristic of a voice disorder may include one or more of the following: hoarseness, breathiness, tension/strain, glottal fry, wet vocal quality, pitch breaks, diplophonia, decreased loudness, decreased pitch range, abnormally high/low pitch, shortness of breath when speaking, etc.

In addition, it may also be helpful for nursing staff and/or physician staff to support the SLP’s observations of voice differences.

ICD-10 Diagnosis Code: R49.0 (Dysphonia)