Varibar®
(barium sulfate)

VARIBAR® (barium sulfate)

REIMBURSEMENT RESOURCE KIT

March 2021

DISCLAIMERS

The information provided here is general reimbursement information for VARIBAR® (barium sulfate). It is not legal advice, nor is it advice about how to code, complete, or submit any particular claim for payment. Although we supply this information based on our current knowledge, it is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers, and bills for the ser vices that were rendered. This coding and reimbursement information is subject to change without notice. Payers or their local branches may have their own coding and reimbursement requirements and policies. Before filing any claims, providers should verify current requirements and policies with the payer.

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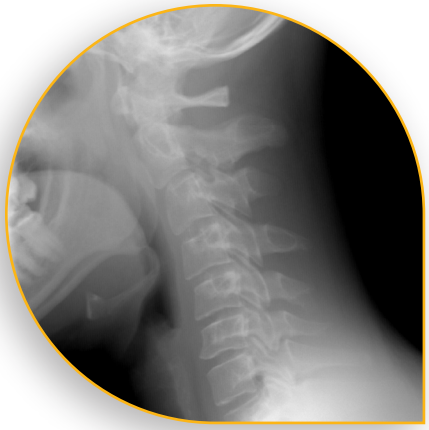
CONTENTS

Varibar®
(barium sulfate)

PRODUCT INDICATIONS

The ONLY Contrast Validated for Standardized, Well-Tested Protocols During Modified Barium Swallow Studies (MBSS)[1]



The POWER of Consistency in MBSS

Developing standards for the MBSS is a key concern throughout the Speech/Language Pathology (SLP) community.[1,2] The VARIBAR® products were developed in cooperation with SLPs to help standardize diagnostic materials for accurate comparisons between studies.

The ONLY Premixed*, Premeasured, and Precise Barium Preparations for MBSS that may:

- Enable reproducible results[2-5]
- Support high-quality imaging[2,3]
- Reduce preparation time and wasted materials
- Avoid undesirable coating inherent to traditional GI barium sulfate preparations[2,4,5]

*VARIBAR® THIN LIQUID (barium sulfate) for oral suspension is supplied as a powder and reconstituted to a standard volume with water.
All images shown are representative images from referenced studies. Individual results may vary.

INDICATIONS AND USAGE:

VARIBAR® THIN HONEY (barium sulfate) oral suspension, VARIBAR® NECTAR (barium sulfate) oral suspension, and VARIBAR® THIN LIQUID (barium sulfate) for oral suspension, are indicated for use in modified barium swallow examinations to evaluate the oral and pharyngeal function and morphology in adult and pediatric patients. VARIBAR® HONEY (barium sulfate) oral suspension and VARIBAR® PUDDING (barium sulfate) oral paste are indicated for use in modified barium swallow examinations to evaluate the oral and pharyngeal function and morphology in adult and pediatric patients 6 months of age and older.

IMPORTANT SAFETY INFORMATION:

For Oral Administration. This product should not be used in patients with known or suspected perforation of the GI tract, known obstruction of the GI tract, high risk of aspiration, or hypersensitivity to barium sulfate products. Rarely, severe allergic reactions of anaphylactoid nature have been reported following administration of barium sulfate contrast agents. Aspiration may occur during the modified barium swallow examination, monitor the patient for aspiration.

Please see full Prescribing Information for VARIBAR products at: https://imaging.bracco.com/us-en/products/fluoroscopy/varibar

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Visit https://www.fda.gov/medwatch or call 1-800-FDA-1088.**

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CODING NOMENCLATURE

CPT® (Current Procedural Terminology)
Codes used to report the service or procedure performed.

Technical Component Payment (TC)
The Technical Component reflects the technical portion of the radiology, laboratory, medical, or surgical procedure code. When the technical component is provided by a health care provider other than the physician providing the professional component, the health care provider bills for the technical component by adding Modifier –TC to the applicable code. The TC rate is payment for the facility's cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and all other overhead expenses.

Professional Component (26)
The professional component of a charge covers the cost of the physician's professional services and interpretation only.

Global (G)
A Global Payment is the sum of both the Technical Component (TC) and Professional Component (26).

HCPCS (Healthcare Common Procedure Coding System)
Codes used to report the provision of supplies, materials, injections, and certain services and procedures. The VARIBAR® (barium sulfate) is considered a drug used as a supply, and it can be coded under revenue code 0255, 0270, or 0621.

ICD-10-CM (International Classification of Disease)
Codes used to describe a patient's signs and symptoms that would represent a medically necessary reason for performing the procedure. ICD-10 codes need to be entered on the claim form. ICD-10-CM is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO).

APC (Ambulatory Payment Classification)
In most cases, the unit of payment under the Hospital Outpatient Prospective Payment System (HOPPS) is the APC. CMS assigns individual services HCPCS & CPT codes to APCs based on similar clinical characteristics and similar costs. The payment rate and copayment calculated for an APC apply to each service within the APC.

NDC (National Drug Code)
An NDC code provides a unique identifier for a specific drug and dose. The NDCs for VARIBAR® contrast can be found on page 14.

Medicare Addendum B
These files are updated quarterly and reflect HOPPS payment rates for HCPCS codes and APC codes. This is can be found at: https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientpps/Addendum-A-and-Addendum-B-Updates.

Medicare Physician Fee Schedule (MPFS)
Find out physician payment for specific geographic locations in the country for different procedures. This schedule provides: global (G), technical (TC), and professional (26) component payment rates. To find out more information on specific locations visit: https://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Varibar® (barium sulfate)

CODING INFORMATION

HCPCS Code: There is no HCPCS code for any type of barium product, including VARIBAR® (barium sulfate). It may be coded under one of the Revenue Codes listed below.

Procedure (CPT) Codes[6]

CPT Code	Description
74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording

Both **74230** and **92611** must be coded together. **74230** represents the radiologist's work and **92611** represents the work of the Speech Language Pathologist.

Revenue Codes[7]

For the Barium Products Used During Procedure:	Description
0255	Drugs incident to radiology
0270	Medical/surgical supplies – general
0621	Medical/surgical supplies – extension of 027X- incident to radiology

For the Modified Barium Swallow Study Procedure:	Description
0320	Radiology Diagnostic - General
0444	Speech Therapy Language Pathology – Evaluation or reevaluation

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2021 MEDICARE NATIONAL AVERAGE PAYMENT RATES

Hospital Outpatient Prospective Payment System[8]		
74230	Global (G)	**$178.55**
Independent Diagnostic Imaging Centers[9]		
74230	Global (G)	**$136.43**
74230	Technical Component (TC)	**$109.91**
74230	Professional Component (26)	**$26.52**
92611	Speech Language Pathology	**$93.86**

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Quality Payment Program and MIPS (Merit-Based Incentive Payment System) for Speech Language Pathologists[10]

What?

CMS is required by law to implement a quality payment incentive program, referred to as the Quality Payment Program, which rewards value and outcomes in one of two ways: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

Under MIPS, clinicians are included if they are an eligible clinician type and meet the low volume threshold, which is based on allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS) and the number of Medicare Part B patients who are furnished covered professional services under the Medicare Physician Fee Schedule.

Performance is measured through the data clinicians report in four areas - Quality, Improvement Activities, Promoting Interoperability, and Cost.

How it Works

There are four performance categories that make up the final score. The final score determines what the payment adjustment will be. These four categories are:

Quality:
This category covers the quality of care delivered, based on performance measures created by CMS, as well as medical professional and stakeholder groups.

Promoting Interoperability (PI):
This is done by proactively sharing information with other clinicians or the patient in a comprehensive manner and using standardized protocols and materials to share clinical data that are unambiguous and measurable. This may include: sharing test results, visit summaries, and therapeutic plans with the patient and other facilities to coordinate care.

Improvement Activities:
This is a performance category that includes an inventory of activities that assess how the care processes improves, enhance patient engagement in care, and increase access to care. The inventory allows activities to be chosen appropriate to the practice from categories such as, enhancing care coordination, patient and clinician shared decision-making, and expansion of practice access.

Cost:
MIPS uses cost measures to gauge the total cost of care during the year or during a hospital stay.

Why?

MIPS was designed to tie payments to quality and cost-efficient care, drive improvement in care processes and health outcomes, increase the use of healthcare information, and reduce the cost of care.

When?

The MIPS Performance Year begins on January 1 and ends on December 31 each year. Program participants must report data collected during one calendar year by March 31 of the following calendar year.

Varibar® (barium sulfate)

QUALITY PAYMENT PROGRAM AND MIPS (MERIT-BASED INCENTIVE PAYMENT SYSTEM)

Speech Language Pathologists (SLPs) who treat Medicare Part B Patients may be required to participate in MIPS. One of the key measures that impact Dysphagia is Measure 182.

Measure 182:

Functional Outcome Assessment evaluates a current functional outcome assessment utilizing a standardized tool and a care plan if indicated within the previous 30 days.

In order to meet the requirement of this measure, selecting evidence-based protocols and proven products is key:

- VARIBAR products are the only FDA-approved products indicated for Modified Barium Swallow Studies (MBSS)[11]. The VARIBAR line, with standardized viscosities, helps to eliminate the unpredictability of varied homemade barium preparations.
- VARIBAR products are the only contrast agents validated for standardized, well-tested protocols during Modified Barium Swallow Studies[1,3]
- The Modified Barium Swallow Impairment Profile (MBSImP™ ©) Tool is a Validated Protocol that standardizes barium dosages used in Modified Barium Swallow Studies. For more information on the MBSImP, please visit: https://www.northernspeech.com/mbsimp/

Why is CMS putting forward these measures?

In the Quality Measure Document #182– The Centers for Medicare and Medicaid Services (CMS) states the following:

RATIONALE: Standardized outcome assessments, questionnaires or tools are a vital part of evidence-based practice. Despite the recognition of the importance of outcomes assessments, questionnaires and tools, recent evidence suggests their use in clinical practice is limited. Utilization of the appropriate outcomes assessment, questionnaires, and tools enhances clinical practice by:

- identifying and quantifying body function and structure limitations,
- formulating evaluation, diagnosis, and prognosis,
- forming the plan of care,
- assisting in evaluating the patient progress towards the goals and validating the benefits of treatment,
- improving communication between client, clinician, and third party payer,
- assisting to improve the documentation of care provided (Lesher, et al., 2016; Potter, et al., 2011; Schenk, et al. 2016). https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2020&specialtyMeasureSet=Speech%20Language%20Pathology

For more information on MACRA and MIPS visit the CMS official website and the ASHA website:

QPP - https://qpp.cms.gov/mips/quality-measures
ASHA - https://www.asha.org/practice/reimbursement/medicare/mips-quality-measures-for-speech-language-pathologists/

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Key Terms to Know

Standardized Tool: A tool that has been normed and validated. Examples of tools for functional outcome assessment include, but are not limited to: Oswestry Disability Index (ODI), Roland Morris Disability/Activity Questionnaire (RM), Neck Disability Index (NDI), Patient-Reported Outcomes Measurement Information System (PROMIS), Disabilities of the Arm, Shoulder and Hand (DASH), Western Ontario and McMaster University Osteoarthritis Index Physical Function subscale (WOMAC-PF), Dynamic Imaging Grade of Swallowing Toxicity (DIGEST™) by MD Anderson, and the Modified Barium Swallow Impairment Profile (MBSImP™ ©)

Functional Outcome Assessment: Patient completed questionnaires designed to measure a patient's limitations in performing the usual human tasks of living and to directly quantify functional and behavioral symptoms.

Current (Functional Outcome Assessment): A patient having a documented functional outcome assessment utilizing a standardized tool and a care plan if indicated within the previous 30 days.

Functional Outcome Deficiencies: Impairment or loss of function related to musculoskeletal/neuromusculoskeletal capacity. Examples include but are not limited to: restricted flexion, extension and rotation, back pain, neck pain, pain in the joints of the arms or legs, and headaches.

Care Plan: A care plan is an ordered assembly of expected/planned activities or actionable elements based on identified deficiencies. These may include observations, goals, services, appointments, and procedures, usually organized in phases or sessions, which have the objective of organizing and managing health care activity for the patient, often focused on one or more of the patient's health care problems. Care plans may also be known as a treatment plan.

Not Eligible (Denominator Exception): A patient is not eligible if one or more of the following reason(s) is documented at the time of the encounter:

- Patient refuses to participate
- Patient unable to complete questionnaire
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

Quality Measure 182: Functional Outcome Assessment Codes[10]

Reporting Criteria	Percentage of visits for patients 18 years and older, documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter, AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies. It must be reported at every visit to which it applies during the 2020 reporting period.
CPT Codes	92610, 92611, 92613
Quality Data Codes (QDCs) **Pick one QDC to report on the same claim as the applicable CPT code.**	
G8539 **Performance met**	Functional outcome assessment documented as positive using a standardized tool AND a care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented
G8542 **Performance met**	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required
G8942 **Performance met**	Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented
G8540 **Denominator exception**	Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter
G9227 **Denominator exception**	Functional outcome assessment documented, care plan not documented, documentation of the patient is not eligible for a care plan at the time of the encounter
G8541 **Performance not met**	Functional outcome assessment using a standardized tool not documented, reason not given
G8543 **Performance not met**	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given

HOSPITAL QUALITY MEASURES AND READMISSION PROGRAM – PNEUMONIA

CMIT REFERENCE	MEASURE TITLE	NQF ID
83	Pneumonia (PN) 30-Day Readmission Rate	**0506**
92	Hospital 30-Day, All-Cause, Risk Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	**468**
2852	PN Excess Days in Acute Care (EDAC)	**2882**
2277	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	**2579**

https://cmit.cms.gov/CMIT_public/ViewMeasureSummary

EXAMPLE OF HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (HOPPS) BILLING

Sample hospital setting billing form UB-04 CMS-1450

Modified Barium Swallow Study (MBSS)

Hospital Name | 2 Pay – To Name | 3a PAT. CNTL # | b. MED. REC # | 4 TYPE OF BILL | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM THROUGH | 7

8 PATIENT NAME | 9 PATIENT ADDRESS | 10 BIRTHDATE | 11 SEX | 12 ADMISSION DATE 13 HR 14 TYPE 15 SRC | 16 DHR | 17 STAT | 18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28 | 29 ACDT STATE | 30

31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37

38 | 39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0320	Motion fluoroscopy/swallow	92611	04/25/2021	1	XXXX.XX		
0320	X-ray xm swlng funcj c+	74230	04/25/2021	1	XXXX.XX		
0255	VARIBAR® THIN LIQUID 32909-105-10		04/25/2021	70 mL	XXXX.XX		
0255	VARIBAR® NECTAR 32909-115-00		04/25/2021	70 mL	XXXX.XX		
0255	VARIBAR® THIN HONEY 32909-121-07		04/25/2021	10 mL	XXXX.XX		
0255	VARIBAR® PUDDING 32909-125-22		04/25/2021	10 mL	XXXX.XX		

CREATION DATE | TOTALS

50 PAYER | TH PLAN ID | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | 57 OTHER PRV ID

58 INSURE | 59 | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

Form Locator 42

0320 - Radiology Diagnostic – General

0255 - Drugs incident to radiology

0444 - Speech Therapy Language Pathology- Evaluation or reevaluation

Form Locator 44 (HCPCS/Rates/HIPPS Code)

Enter CPT© or HCPCS code for procedure and radiopharmaceutical

96211 - Motion fluoroscopy/swallow

74230 - X-ray xm swlng funcj

A9698 - Non-radioactive contrast imaging material, not otherwise classified per study

Form Locator 46 (Units of Service)

Enter number of units based on the HCPCS descriptor

Form Locator 43

As there is no designated HCPCS code for VARIBAR, you may include the NDC number with the product name for identification purposes.

Bracco Diagnostics Inc. cannot guarantee coverage or payment for products or procedures at any particular level. For more specific information please contact your Medicare contractor or the patient's insurer.

Note: A JW Modifier is not needed as these products are not single dose and not separately payable by Medicare.

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EXAMPLE OF INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) BILLING

Sample physician billing global non-hospital outpatient setting CMS-1500

Modified Barium Swallow Study (MBSS)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self | Spouse | Child | Other

7. INSURED'S ADDRESS (No., Street)

CITY | STATE

8. RESERVED FOR NUCC USE

CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code)

ZIP CODE | TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes,* complete items 9, 9a, and 9d.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a.

18. H SERVICES DD YY

19. ADDITIONAL CLAIM INFORMATION (Design

20. C

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.
E. F. G. H.
I. J. K. L.

22. R C

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	04	25	21	04	25	21			92611			XXXX XX	1		NPI	
2	04	25	21	04	25	21			74230			XXX XX	1		NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NI

33. BILLING PROVIDER INFO & PH # ( )

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-1

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Form Locator 19 & 24D: Global Billing Example

F-19 – In order to facilitate coverage and payment, provide a description of the contrast drug (See Medicare contractors or private payer instructions for information required)

F-24D – Enter CPT© or HCPCS Code for procedures performed and interpreted by physician

VARIBAR® (barium sulfate)

If filling out the claim digitally, please include all formulations of VARIBAR used and dosage.

Form Locator 24G:

Enter the number of units based on the CPT© or HCPCS Code description

Bracco Diagnostics Inc. cannot guarantee coverage or payment for products or procedures at any particular level. For more specific information please contact your Medicare contractor or the patient's insurer.

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Checks to Success

The provider has included the…

- ✓ CPT procedure code
- ✓ Proper service units
- ✓ Contrast drugs included with either NDC number or HCPCS code
- ✓ Principal diagnostic code (and secondary if applicable)
- ✓ Applicable revenue codes (hospital only)
- ✓ Documentation providing the medical necessity for all codes billed

Properly submitted bills and charges are used in creating Medicare Fee Schedules. Ensuring that all aspects of the procedure are accounted for is necessary to support appropriate payment rates in the future.

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ORDERING INFORMATION

All barium products are ordered through distributors.

PRODUCT	NDC NUMBER	DESCRIPTION
VARIBAR® THIN LIQUID (barium sulfate) for oral suspension*	032909-105-10	148 g (24 per case)
VARIBAR® NECTAR (barium sulfate) oral suspension	032909-116-00	240 mL (12 per case)
VARIBAR® THIN HONEY (barium sulfate) oral suspension	032909-121-07	250 mL (12 per case)
VARIBAR® HONEY (barium sulfate) oral suspension	032909-122-07	250 mL (12 per case)
VARIBAR® PUDDING (barium sulfate) oral paste	032909-125-22	230 mL (12 per case)

*VARIBAR® THIN LIQUID (barium sulfate) for oral suspension is supplied in a powder and constituted to a standard volume with water.

Questions?

Call Bracco Customer Service at
1-877-BRACCO-9 (1-877-272-2269), Option 2.

To contact a VARIBAR® (barium sulfate) representative, please contact
VARIBAR@diag.bracco.com

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For Oral Administration. This product should not be used in patients with known or suspected perforation of the GI tract, known obstruction of the GI tract, high risk of aspiration, or hypersensitivity to barium sulfate products. Rarely, severe allergic reactions of anaphylactoid nature have been reported following administration of barium sulfate contrast agents. Aspiration may occur during the modified barium swallow examination, monitor the patient for aspiration.

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