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Radiology Trends

Did You Know?

UCLA researchers have validated the first standardized protocol to measure atrophy in the hippocampal region of the brain, an early sign of Alzheimer's disease.

Providers Can't Sue State Medicaid Agencies Over Rates

Private healthcare providers can't sue state Medicaid agencies over low reimbursement rates, the U.S. Supreme Court decided recently, reversing a lower court's ruling.

Justice Antonin Scalia wrote in the majority opinion that the supremacy clause of the U.S. Constitution, which says federal laws reign supreme over state laws, does not allow providers to sue state Medicaid agencies over rates. He also said that the Medicaid Act implicitly does not allow private parties to enforce a part of the law that requires state plans to "assure that payments are consistent with efficiency, economy, and quality of care" while "safeguarding against unnecessary utilization of...care and services." Congress, he summarized, did not mean for the court to be able to get around that part of the law.

Jane Perkins, legal director of the National Health Law Program, said even with the decision, it's possible some providers might still try to sue state Medicaid agencies. However, they won't be able to do so by basing their arguments on the Supremacy Clause, which had been one of the foundations of cases such as these. The Supreme Court took up the case after Idaho residential providers for disabled patients sued state officials over the state Medicaid agency's failure to implement new, higher rates because the Legislature didn't provide sufficient funding.

Did You Know?

Wisconsin researchers found that missing two mammography screening exams doubles the risk of all-cause mortality, and the risk rises with the number of exams missed.

CMS Issues Draft Stage 3 Rules for EHR Incentive Program

Draft regulations, CMS issued recently, would make significant changes to the federal incentive program that requires doctors and hospitals to adopt and meaningfully use electronic health records. With some exceptions, hospitals, physicians, and other eligible professionals would be expected to conform to the rules by 2018.

The agency said in January it would issue separate regulations narrowing the reporting period to 90 days for attesting to meeting the requirements for 2015.

"The release of the rule demonstrates that the agency continues to create policies for the future without fixing the problems the program faces today," the American Hos-

pital Association said. "It is difficult to understand the rush to raise the bar yet again, when only 35% of hospitals and a small fraction of physicians have met the Stage 2 requirements."

Physicians and other eligible professionals who fail to meet the requirements are expected to pay \$500 million in Medicare penalties between 2018 and 2020. Upgrading EHR to meet requirements, the agency estimates, will cost physicians \$54,000 plus \$10,000 in annual maintenance costs.

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New MRI Technique Detects Cancer Via Sugar

Researchers at Johns Hopkins University have developed an MRI technique that hones in on sugar molecules shed by cancerous cells, potentially offering a new way to differentiate malignant from benign lesions, according to a study published in *Nature Communications*.

So far, the technique has only been tested in test tube-grown cells and mice; however, the early results are promising, according to lead author and research associate Xiaolei Song, PhD, and colleagues. The technique works by visualizing differences in the amount of sugar attached to mucin proteins; normal cells have much more attached sugar than cancerous cells. To detect changes in the MRI signal, Song and colleagues compared MR images of mucins with and without sugars attached. When they then looked for the signal in four types of lab-grown cancer cells, they found markedly lower levels of attached sugars than in the normal cells.

The researchers noted that more testing is needed to validate the MRI technique for human cancer diagnosis. Ultimately, the technique could be used to detect early-stage cancer, monitor chemotherapy response, and guide biopsies more accurately or perhaps avoid the need for some altogether.

Coding and Compliance Tips by Lori Shore, CPC, RCC

Lessons from “Dysphagia” May Help in ICD-10

A study commonly denied for medical necessity is the video swallowing study, also called a modified barium swallow. According to the Novitas Local Carrier Determination (LCD) for this study, dysphagia, the most commonly reported diagnosis, requires a secondary diagnosis. The insurance carrier wants to know what caused the dysphagia. A common reason the study is performed is following a stroke to make sure the patient will not aspirate; however, that is rarely documented and is therefore not able to be coded. There are many covered diagnoses listed on the Novitas LCD, many of which probably pertain to most patients. For example: esophageal reflux, dyskinesia of esophagus, feeding difficulties and management.

With the transition to ICD-10-CM quickly approaching, clinical histories, such as dysphagia, will not be acceptable for many, if any, procedures. In fact, one word clinical histories will become a thing of the past. We will need to know all signs and symptoms as well as co-morbidities. For dysphagia following a cerebral infarction we will also need to know about the infarction; traumatic vs. non-traumatic, site of hemorrhage or infarction, etc.

Begin working on your clinical histories now. ICD-10-CM will be here in six short months.