

# TIMS Medical

## Best Practices in MBS – A Practice Guide to Advocacy

“How can I advocate for MBS best practices in my clinical practice?”

This is a question we frequently hear from clinicians across the United States and abroad. When advocating for best practices in MBS conduction, it is important to understand current evidence, the ability to demonstrate the return on investment (ROI), and an open mind in understanding the goals of the administrative team.

### Evidence for the use of MBS

- MBS has been available since the 1950s and involves administration of various consistencies of barium which allows for the evaluation of swallowing with fluoroscopy (Logemann, 1998).
- Research demonstrates that modified barium swallow studies can be utilized to identify risks for the development of adverse pulmonary events, identification of pathophysiology, and creation of individualized care plans (Martin-Harris et al., 2020).
- The MBS allows clinicians to identify and determine the severity of a swallowing impairment, determine the risk vs. benefits in oral intake, and assess the impact of interventions (Martin-Harris et al., 2020).

### Benefits of MBS

- Evaluation of anatomy and physiology of swallowing across the continuum.
- Ability to evaluate oral preparatory, oral/pharyngeal, and esophageal stages.
- Opportunity to utilize software to measure oral transit time, bolus clearance ratio, duration of pharyngoesophageal segment opening, hyoid movement, and more.

### Why does Pulse Rate Matter?

Bonilha et al. (2013) found differences in treatment recommendations when MBSS were conducted at 30 pulses per second vs. 15 pulses per second. They further reported that their findings indicate that there are differences in identification of swallowing impairments and treatment recommendations when pulse rates are reduced.

### Why is Software Important?

Software can provide the clinician with the ability to review, edit and analyze the study, and archive the information. Risk for HIPAA violation can be reduced with software such as TIMS MVP which allows the transfer of information directly to PACS/VNA. According to Groher & Crary (2021) “Imaging studies are meant to be recorded – not just a still image taken at various points during the study or even to document specific

findings. Recordings are meant to be of swallowing movement, meaning the entire study is recorded. A recording is more than a mechanism to review at a slower pace later in time. A recording is a medical documentation that may need to be shared with another clinician, physician, family member, or others.”

### **Costs Incurred with Dysphagia**

- Hospital admissions due to dysphagia and aspiration related pneumonia.
  - The U.S. Centers for Medicare & Medicaid Services (n.d.) states that the average cost for a three-day hospital stay in the United States is \$30,000.
  - The development of aspiration pneumonia can be accompanied by hospitalization and increased length of stay, reduced nutritional status during hospitalization, and increased risk for mortality for some individuals (Smithard et al., 1996).
- The expenses occurred with the use of thickened liquids.
  - The monthly cost for thickened liquids can range from \$174 to \$289 per patient (O'Keeffe, 2018).
- Management of alternative sources of nutrition and hydration.
  - Current literature indicates that the yearly cost incurred with feeding tube management is over \$30,000 (Callahan et al., 2001).

### **Billing Codes**

What are the procedure codes for MBS used by speech-language pathologists in any setting?

- According to the American Speech-Language Hearing Association (n.d.) speech pathologists can bill CPT 92610 for the clinical swallowing evaluation and 92611 for the modified barium swallow study.
- The CPT code 74230 is a separate code billable by radiology for the services provided by the radiologist and radiology technician.
- The CPT code 92526 can be billed for dysphagia treatment (Ex. If the clinician conducts a treatment session after the completion of an MBS).

### **Reimbursement Rates**

- Rates of reimbursement depend on a variety of aspects (ex. Mac Locality) however, according to Aviv et al., (2001) the mean reimbursement rate for MBS conduction was \$451.01 (+/- \$50.55).

## Overhead Costs

- Overhead costs vary based on the tools/training that the team is advocating for. It is important to understand the total overhead cost as compared to the revenue the training and tools will bring into the healthcare system.

## References

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