New Test May Help Predict Survival from Ovarian Cancer

Scientists say they may have found a way to predict survival from ovarian cancer. The researchers developed an experimental method to count T-cells – Tumor-infiltrating T lymphocytes (TILs) – in women with early stage and advanced ovarian cancer.

“We have developed a standardizable method that should one day be available in the clinic to better inform physicians on the best course of cancer therapy, therefore improving treatment and patient survival,” said lead researcher Jason Bielas, an associate member in human biology and public health services at the Fred Hutchinson Cancer Research Center, in Seattle.

In their current work with ovarian cancer patients, the researchers “demonstrated that this method can be used to diagnose T-cells quickly and effectively from a blood sample,” said Bielas.

The report was published online December 4, 2013 in *Science Translational Medicine*.

Researchers developed the test to count TILs, identify their frequency and develop a system to determine their ability to clone themselves. This is a way of measuring the tumor’s population of immune T-cells. The test works by collecting genetic information of proteins only found in these cells. The technique, called *QuanTILfy*, was tested on tumor samples from 30 women with ovarian cancer whose survival ranged from one month to about 10 years. Bielas and colleagues looked at the number of TILs, comparing those numbers to the women’s survival. The researchers found that higher TIL levels were linked with better survival. For example, the percent of TILs was about three times higher in women who survived more than five years than in those who survived less than two years.

“This new technology potentially could be used to predict treatment response, cancer recurrence and disease-free survival earlier and more effectively than current methods,” Bielas noted.

It could therefore be used to guide personalized medicine. For example, it could be used to determine which immune and chemotherapy drugs are best to treat a particular patient. Thus, TIL can be used to guide the selection of drugs for cancer therapy, thereby improving patient outcome.

“Right now the test isn’t ready for general use,” according to Dr. Franck Pages, a professor of immunology at the Hospital European Georges Pompidou in Paris, an author of an accompanying journal.

“The new technology does not obviously fulfill the requirements for an easy routine clinical use to quantify T-cell infiltration in a tumor,” Pages said. “But the technology could help in immunotherapy trials to determine the immunological response induced in the tumor.”

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Meet Dr. Meera Patel of BJC Medical Group

Dr. Patel has been in practice since 2000. She is board certified in the specialties of Obstetrics and Gynecology. Dr. Patel earned her medical degree from the University of Missouri – Kansas. She completed her internship and her residency at Washington School of Medicine in St. Louis. Dr. Patel has hospital privileges at Missouri Baptist Medical Center. She is consistently recognized in the “Best Doctors in America” list.

Dr. Patel is part of the BJC Medical Group of Missouri. The BJC Medical Group is one of the region’s premier physician-led organizations, providing exceptional medical care to a diverse population. The group is renowned for its dedication to excellence in medical care and medical services, and is committed to the highest ethical standards. All BJC Medical Group physicians are part of BJC HealthCare, and are backed by the research and technology resources of one of the top health care organizations in the country.

BJC Medical Group

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In June 2013, the National Uniform Claim Committee (NUCC) announced the approval of an updated 1500 Claim Form (version 02/12) that accommodates reporting needs for ICD-10 and aligns with requirements in the Accredited Standards Committee X12 (ASC X12) Health Care Claim: Professional (837P) Version 5010 Technical Report Type 3.

HealthLink began accepting the updated 1500 Claim Form version 02/12 on January 6, 2014. Please follow the guidelines set forth by the NUCC for completing the new claim form, or your claim may be rejected. For more information about the revised 1500 Claim Form, please visit the National Uniform Claim Committee website at www.nucc.org, which provides helpful resources such as a list of changes between the 08/05 and 02/12 claim versions and the 1500 Instruction Manual.

Please note that the NUCC’s transition timeline for use of the 1500 Claim Form version 08/05 includes a dual submission period from January 6, 2014 – March 31, 2014. Effective April 1, 2014, paper claims should be submitted using only the revised 1500 Claim Form version 02/12.

Need More Information? Visit the NUCC Website.
Understanding the Changes to the 0212 1500 Claim Form: http://www.nucc.org/images/stories/PDF/understanding_the_changes_to_the_0212_1500_claim_form.pdf

For Optimal Claim Processing, Submit Your Provider Taxonomy Code

In your application for a National Provider Identifier (NPI), you were required to select the Healthcare Provider Taxonomy Code that identifies type of provider, classifies the specific service related to the type, and defines the specialty area for that provider. Since it is linked to the National Provider Identifier (NPI) to help payers recognize the correct reimbursement rate of services, HealthLink strongly encourages providers to continue submitting this specialty information for 5010A1 and CMS 1500 v0212 claim forms. When submitting CMS 1500 v0212 claims forms, HealthLink recommends placing taxonomy code(s) and qualifier(s) in boxes 24J shaded and/or 33b.

Please verify with your clearinghouse/billing service, if applicable, that your taxonomy code(s) and the appropriate qualifier(s) are submitted to HealthLink for all providers in your practice. For further information on taxonomy codes visit www.CMS.gov.

In the Community

Wearing Red to Help Fight Heart Disease

HealthLink associates joined millions across the U.S. on February 7, 2014 to support the 11th annual National Wear Red Day and the American Heart Association. Teams dressed in red and competed in a photo contest. Money raised from the event was donated to the American Heart Association to help fight heart disease.

National Wear Red Day launched in 2003 when the American Heart Association and the National Heart, Lung and Blood Institute set out to raise awareness of heart disease, the number one killer of women. Since then, the event has helped make tremendous strides towards lowering the number of women affected by this disease.
Coding Corner

ICD-10 Software

Clinical editing software is being updated with ICD-10 codes. Medical policies will be based on ICD-10 and Surgical procedure codes (PCS). Reminder: Beginning October 1, 2014 claims should be submitted with ICD-10 codes.

For more information on how HealthLink is preparing for the ICD-10 release, please visit https://www.healthlink.com/HIPAA_ICD10.asp

Find the latest news about ICD-10 from the Centers for Medicare and Medicaid Services at http://www.cms.gov/ICD10

If you have a coding issue you would like to see addressed in this column, please contact your HealthLink Network Consultant.

Stay In-Touch!

Online Resources for HealthLink Providers

Provider Satisfaction Survey
https://www.surveymonkey.com/s/HealthLinkProviderSatisfactionSurvey

Provider Name/Address/TIN/NPI Change Form
https://www.healthlink.com/physician_add_name_tin_form.asp

ProviderInfoSource
https://providerinfosource.healthlink.com/ProviderInfoSource/public/Home

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