

STELLAR GOOD NEWS

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Stellar Software

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Stellar Updates

Recent changes and updates:

Configuration, Main Menu

Added permissions to Password logic for Posting and Patients access. You can now set up user accounts for Stellar to control the access of the user to Posting and Patient Change.

Electronic Claims

Overflow diagnoses (box 19 documentation) is now included in X12 format.

Special - Fixed problem with patients having the same first and second insurance.

Removed Medicare self-referral for Arkansas.

Paper Claims

Removed BCBS self-refer for Michigan (License # in 17a).

Posting, Payments/Corrections

Changed to allow Medicare survey item (CPT G8440) to submit with zero amount.

Fixed walkout statement incorrectly printing doctor's tax number.

Special List (Patients)

Fixed hang-up on the patient file when last record is read while doing correspondence, or when the patient has an invalid zip-code.

Patients

Added option to not recalculate patient part of balance when changing deductible info.

Transaction Summary

Transactions for multiple doctors now result in multiple patient total lines.

Future of Chiropractic

Will DCs as a profession be involved as a participant or a spectator in the future of Health Care? One of the missions of the AMA from its inception has been to eliminate chiropractic from competition for the health care dollar. In my opinion this was directly related to drug company fear of non-allopathic health care. The latest shot fired in this AMA effort is the 6th edition of "Guides to Evaluation of Permanent Impairment", which effectively eliminated chiropractic from these evaluations. The ACA legal team wrote the AMA (<http://tinyurl.com/ywubfu>)

on February 7, 2008. On February 28, 2008 the AMA agreed to take out the offending language! Vigilance backed up by action paid off!!

Louis Sportelli, DC, looks at the encroachment by Doctors of Physical Therapy and proposes joining them.

(<http://tinyurl.com/2w5eyy>)

As stated before in this letter, the next administration may implement a national health care plan without DCs. There was just enough money in Medicare in the early days to lure chiropractors into the program. *Now you can't get out* (tinyurl.com/yp3tf2) and there is not enough money to make it worthwhile to stay. In addition, the danger of being in violation has been escalated to unacceptable levels (deliberately?)

What are the solutions to these

problems? I believe the solutions are there for us to find. First on my list is to contact your legislators to get an opt-out law. Second may be the next article. Third will require a whole newsletter.

DCs in Hospitals

Coincidental with the Sportelli commentary, Chiropractic Economics, in their February 27 issue, published an article on chiropractic hospital privileges. It is demonstrably possible to develop the necessary relationships to obtain hospital privileges.

“Starting a chiropractic relationship with a hospital could mean amazing progress for the chiropractic profession and for patient care. However, planting the initial seeds of such a program needs to be done correctly from the start.”

(<http://tinyurl.com/yod6te>)

“It’s a win for local doctors in that they will be building a complete sphere of influence, with the medical community helping build his practice. They will also be seeing patients from an untapped source that they could never imagine,” Bernstein said. “It is a way of constantly keeping your office busy, but you have to do your due diligence and do all your work and set up the program in the right way so that you meet all of the higher standards of a hospital.”

Learning the proper culture, language, and customs of a hospital before you try to enter into a relationship with one will help you avoid the mistake of getting put into a bad professional position. Another mistake to avoid is trying to start this process alone.

“You should never approach a hospital situation as an individual. You need to do it as a team, in a team manner, with the complete backing of your state association, the AAHC, and a local educational institution,” Bernstein said. “A triune of backers in this format is probably the best way to approach these situations, and it gives hospitals a very high level of confidence with you as a medical practitioner.”

Don’t forget to get malpractice insurance.

Light Therapy

If, without touching the patient, you could reduce pain 40% in under five minutes and at the same time speed up healing by similar amounts, would you be interested?

Laser and LED light has been used for many years in health care, but a search for reliable information can be difficult because of the overwhelming information on the internet.

This discussion is limited to inexpensive and relatively safe LED devices, specifically those pulsed at Nogier frequencies.

These devices have been in use for over 20 years by veterinarians and health care providers in the treatment of injury, arthritis, ulcers, tinnitus and to reduce the recovery time and the risk of bacterial and viral infection after surgery.

Infrared light was often used to treat performance racehorses for a variety of injuries ranging from abrasions to strained muscles and tendons. The use of infrared treatment has saved a number of animals from being put down due to injury and non-healing wounds.

Applications are in reflex therapy, auricular therapy and local therapy. The effects are analgesic, tissue regeneration, muscle relaxation.

The FDA has approved such a device for use on carpal tunnel patients.

Light therapy is REAL and can vitalize your practice. Check out these references:

<http://www.cheeenergy.com/news.htm>

<http://www.laser.nu/lllt/therapylink.htm>

<http://www.laserinformation.com/>

For questions, or to discuss training:

drreedgar@sbcglobal.net or 580-323-7090

Go on the Attack!

In March, 2007, Washington State passed the "Insurance Fair Conduct Act". Within a month, the insurance industry raise over \$8 million for a referendum effort to repeal the legislation. The voters affirmed the legislation in November, 2007 and" the Act went into effect on December 6, 2007.

What is the Insurance Fair Conduct Act? The Act allows recovery of uncapped treble damages for unreasonable denial of a claim for coverage or payment of benefits, and recovery of uncapped treble damages for violation of certain claims handling regulations.

Who may bring a claim under this Act? Any "first party claimant" may bring a claim under this Act, provided the claimant serves advance notice to the insurer as required under the Act. "First party claimant" means anyone asserting a right to payment as a covered person under an insurance policy or contract.

All chiropractors, chiropractic organizations, and health care providers and recipients should get this model legislation passed in all states to stop the onslaught of insurance carrier denial-of-payment. This is not the final solution, but will go a long way toward giving breathing room to health care payment problems. Just DO IT!