

STELLAR GOOD NEWS

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Stellar Software

Our Staff...

Josiah Reynolds

Terry Kelley

Lori Tauer

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470 James Way
P.O. Box 635
Harrison, AR 72601
1-800-741-4755 support
1-870-741-5070 fax
www.stellarchiro.com

Read previous issues of Stellar Good News on the resources page of our website!

New Claim Form in Effect April 1st

The new 02-12 version of the CMS-1500 paper claim form is required for use beginning April 1, 2014. If you have not ordered or started to use the new forms, you need to begin now or your paper claims will be rejected.

If you have Stellar update 3/12/2014 or later (look in Help, About Stellar to check your last update date), you should be ready to go. If not, please contact us at your earliest convenience and we'll help you get updated.

Please note: The new form is *not* automatically enabled in Stellar. You must enable it by going to Tools, Configuration Options, Insurance Billing and Appointment Options, and check the "Use Version 02-12 Claim Form" checkbox in the middle of the bottom section.

Stellar Rate Increase

The current economic climate has been tough on everyone, and during the last few years we have done our best to avoid raising our rates. In fact, our basic support rates have remained unchanged for over 10 years. However, due to increasing costs we have finally found it necessary to increase our lease and support rates.

Effective beginning in April, rates for the full version of Stellar will increase by \$10/month or \$96/year, and Stellar Lite rates will increase by \$5/month or \$48/year. This change will be reflected on your bill as of our next billing cycle (April 21st).

PatientPay?

Recently we became aware of an interesting service which offers the ability to bill patients electronically using a sort of pseudo-insurance claim method. Essentially, the PatientPay service is set up like an electronic insurance carrier and set as the patient's secondary or tertiary insurance. After the primary insurance has paid, an electronic claim is submitted to the PatientPay service, which sends a bill to the patient via email. The patient can then pay their bill online using a credit card.

This seems like an interesting and potentially useful approach to handling patient billing. You can visit their website at www.patientpay.com if you'd like to see some more information.

What do you think? Is this something you would like us to look into adding support for?

Stellar Updates

Here are some of our more important recent enhancements and updates to Stellar. (Go to the Help menu in Stellar and click Download Stellar Update to open our webpage which includes a complete list at the bottom.)

Paper Claims

Fixed prior authorization not showing in box 23 on new 02-12 form.

Corrected problem with printing diagnosis pointers on 02-12 form if "Link to Diagnosis 1 Only" was set.

All Claims

If the 02-12 form is enabled, ICD-9 codes already in box 19 will be automatically added to the

patient's diagnosis tab, and ICD-9 codes detected in box 19 will be erased and a warning reported.

Payments & Corrections

Allowed additional discount to be entered for secondary carriers from Insurance Payment screen.

Underserved Patients

From DynamicChiropractic.com, by Donald M. Petersen Jr.

When I think about the typical medical doctor (MD), I think of only three things: diagnose, drugs, referral. With the exception of minor injuries, this pretty much sums up their "toolbox." The typical patient interaction amounts to a few tests and an "I've got a drug for that" conversation.

If the tests suggest something more serious, there is ultimately a referral to a medical specialist. Chiropractic, nutrition and other forms of care are rarely considered, yet a trip to the general / family practitioner MD is the first stop for most Americans.

When most people think about doctors of chiropractic, they think about back, neck, shoulder or some other musculoskeletal pain. The typical chiropractic visit includes a discussion of the pain area, some palpation, sometimes a few tests, and the resultant adjustments. Depending on the severity of the pain, other modalities may be utilized. Depending on the DC, nutrition or herbs may also be part of the conversation. There is little talk about drugs, even though the majority of the U.S. adult population is taking at least one prescription drug. Most times these prescriptions are for ailments chiropractic or nutrition / herbs could address.

In both of the above scenarios, the patient is underserved.

Read the rest at: <http://tinyurl.com/o8cte8t>

Top 5 Billing Issues for 2014

Form updates, new codes, Medicare, and why accurate documentation is essential to the health of your practice.

From DynamicChiropractic.com, by Samuel A. Collins

Chiropractic billing and reimbursement can often appear simple at one moment, but then become maddeningly complex the next. Most chiropractors are familiar with the codes required for billing, but often are not fully aware of the

complexities and nuances that lead to reimbursement or denial. In this installment of "Ask the Billing Expert," let's look at the five biggest issues chiropractic offices should watch out for in 2014.

1. 1500 Form Update

There is an update to the 1500 form for 2014. The updated form, I am very pleased to announce, allows 12 diagnoses in block 21. Frankly, I never understood why block 21 was limited to four codes when there was clearly enough space to add more. This change, of course, is to accommodate the ICD-10 CM coding set; providers will likely use more codes, as this code system is more granular and specific. [...]

2. The Expanded ICD

While ICD-10 does not take effect until Oct. 1, 2014, it is something you must be prepared for early, as it changes all the codes used for diagnosis. The ICD-9-CM codes number about 13,000 and are numerical in value. They range from three digits to as many as five. ICD-10-CM has more than 68,000 codes and range from three to seven characters in length, but all have an alpha beginning. The codes are much more specific in the ICD-10 and providers will enjoy a much greater ability to give more exacting diagnoses. [...]

3. Claim / Visit Scrutiny

Claim and visit scrutiny will reach a level that has never been witnessed by the chiropractic profession. With 39 of 50 states having mandatory chiropractic benefits, clearly more people will likely seek chiropractic care. [...]

4. Manual Therapy 97140

Manual therapy 97140 is a payable service for a chiropractor; however, if it is done the same date of service and to same region as chiropractic manipulation, it is considered part of the manipulation. This service has been contentious in terms of use and payment since it was implemented in 1999. [...]

5. Medicare 101

Medicare, a love / hate relationship for some, is here to stay and essentially involves everyone over age 65. Bear in mind that the baby boomer generation is turning Medicare age at a clip of 10,000 per day for the next 15 years. That is too many people to ignore, particularly when Medicare pays more per visit than most of the managed care plans ... even though it only pays for spinal manipulation. [...]

Read the rest at: <http://tinyurl.com/nm6qsd6>