

# STELLAR GOOD NEWS

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## Stellar Software

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## Stellar Updates

Recent changes and updates to Stellar:

### Paper Claims

If plan name is present, it's now always used in boxes 9D and 11C in preference to the NEIC payer number.

Re-added self-referral (box 17) for Indiana Medicare.

Stopped printing box 24J NPI for Trailblazer MC and Oklahoma MC if no clinic group #.

### Patients Quick Notes

Improved end-of-line wrap and the warning to save changed text.

### Patients and Claims

The documentation (box 19) field is now saved in the diagnosis history so that the correct documentation can print with the service dates being printed.

## Alert!

The no-fault insurance carriers, in accordance with all corporate moral depravity, are finding new ways to achieve non-payment. And their attorneys are paid better than yours. The little trick they came up with is this: If your state has a Professional Services Corporation Act, and your clinic happens to be incorporated under a Business Corporation Act, then payment may be denied with the argument that the treatment was rendered unlawfully because the clinic was not incorporated correctly. In Michigan they argued that the clinic MUST BE so incorporated. Do they have us on the defensive

yet? Go on the offensive! See Saving DCs below.

## Saving DCs - Perspective

An excellent example has been set for us by the Osteopaths. They, too, started out as pariahs of the medical establishment. The struggle has been long and hard, and it is still evolving. As with chiropractic, there are different treatment philosophies among the DOs. In the late '50s their schools began to change their degree to 'Doctor of Osteopathic Medicine & Surgery'. In addition, some of the schools established intern and residency relationships with MD hospitals. Others, such as in Tulsa, have a 'mixed' hospital where DOs and MDs work together. A new graduate from some of the DO colleges can now get an MD license before a medical board, not a DO board. Their own boards of examiners are phasing out.

They don't have to write prescriptions, nor do they have to practice surgery, but this approach places them solidly in the mainstream and removes the stigma and the discrimination and marginalization by insurance and government.

Podiatry started life as Chiropody when it took only 6 to 12 weeks of training. A podiatrist now follows an academic path similar to that of other medical doctors, typically consisting of a college degree followed by four years in a doctoral program, capped by two or more years in residency and the title, Doctor of Podiatric Medicine (D.P.M.). It took 100

years for a society to be established, and only since the 1960s have they gained MD status.

MD status is a unilateral way to cut through all the nonsense and get equal treatment. The colleges are positioned to get you there. Do DCs want to wait another century?

Wouldn't it be nice to shed the 'cult', 'quack', 'religion' labels and be free to get equal pay for equal work? Why should DCs be the whipping boy of health care?

## ***Saving DCs***

Many criticisms of the allopathic paradigm have been made in this newsletter. So I wish to make clear that the GP down the street is not the enemy. He is generally just as interested in making his patient well as is the DC, DO and PT. And he is facing the same cash flow, government regulation, and insurance problems that the DC is. Having his school controlled by the drug cartel gave him the glasses through which he sees the world. DCs have their own glasses fashioned by our 'heros' who tried to monopolize their 'discovery' of a 'new healing art'. With the blessing of the national organizations the schools (all originally owned and run by these 'heros') refused to join the larger world of healing, in effect embracing the epithet of 'cult', 'quack', 'religion', etc. Why? For temporary fame and fortune they sacrificed the profession. And the DOs and PTs are aggressively taking over the areas of treatment DCs once monopolized.

Government bureaucracy, insurance corporate greed and the failure of the allopathic paradigm has resulted in a shortfall of 200,000 physicians by the year 2020. Almost no new medical schools are coming on line. That sounds like doom and gloom.

But, there is a silver lining in the cloud that we can catch hold of. For many DCs, not much in the way of training separates you from an MD license. If your colleges would add pharmacology, surgery and residency to their curriculum, they could graduate MDs with a specialty in Chiropractic Physical Medicine. A similar program could bring PTs, Optometrists, etc. to the same (MD) level. What an elegant way to solve all the inequity barriers raised by the payers, AMA, Medicare, etc. and at the same time solve the 200,000 doctor shortfall in the US today.

The world of health care professionals is losing control of the decision making process in patient care, as well as the right to charge for that care, to the insurance and drug companies. Divided we fall. Let's get united. Your available choices in how to help patients becomes unrestricted

with a General Practice license and the payers will have to treat you the same as the brain surgeon in the city. You are already very close to that goal and your college can get you there with just a little effort! Specialization into any area will be as simple as ongoing education. The colleges are the best and most logical way forward.

The ongoing financial crunch is forcing most chiropractors to recognize that the current approach no longer works, and the traditional (allopathic) model will not educate you in natural healing. The chiropractic colleges are the key. There is a sample letter to jump-start your thinking on moving your college in that direction on the Stellar web site. The newsletters also available there contain much more discussion of the issues that lead our thinking in this direction. For a sample letter to your college, visit our resources web page and click on Resources. Tune in next month for more!

<http://stellarchiro.com>

## ***Chiropractors Win!***

On June 18, 2008 the New Jersey Supreme Court, in a 4-2 decision, overruled the Appellate Court's ruling that chiropractors could not perform extra-spinal adjustments. Now if we could get some jail time for violaters of the Wilks decision....

## ***Chiropractors, Doctors Lose!***

During the Louisiana legislative session it was learned that the National Insurance Commissioners Association has written a model piece of legislation. This model legislation will **permit the insurance companies to deny payment for care on the basis that it is "observational and investigational"**.

For some time now we have been hearing about "evidence based practice" from the carriers, and this is why. They are trying to change the rules of the game. This will severely impact chiropractors because the "evidence" required is peer reviewed, blinded, placebo controled studies no one has done. **See attached letter.**

## ***Questionnaire***

Check the patient questionnaire that your office uses against the sample located on our web page: [stellarchiro.com](http://stellarchiro.com) under Resources.

There may be important questions you have overlooked, or that the standard form you use has overlooked.