STELLAR GOOD NEWS

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Stellar Software

Our Staff...

Josiah Reynolds

Lori Tauer

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124 1/2 North Willow Street
P.O. Box 1045
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!

Diagnosis File Update

Your next update will tell you it needs to do a file update, and during the update it will ask if you would like to update your diagnosis code listing to include all 14,000 ICD-9-CM codes. If you click Yes, it will add codes that aren't already in your diagnosis file. Existing ICD codes will not be modified (their key numbers and descriptions will remain the same). If you don't want all the codes and would prefer to stick with the existing code file and add new diagnosis yourself as needed, click No.

Diag Pointers Over 4

It is now also possible to specify diagnosis pointers up to 8 if you are submitting more than 4 diagnosis for claims (additional diagnosis go in the "Documentation (Box 19)" field in the patient's Ins. Options tab). You can still only point to 4 diagnosis per code (no more than 4 pointer digits), but you can indicate diagnosis up to 8 (example: 1258 points to diagnosis 1, 2, 5 and 8). We don't recommend using this on paper claims due to the CMS-1500 form not having space specifically designated for more than 4 diagnosis codes. While box 19 has generally become the de-facto standard for additional diagnosis codes and might be acceptable, we don't have any information on using pointers greater than 4 in box 24E at this time.

Stellar Updates

Some recent changes and updates to Stellar (go to the Help menu in Stellar and click Download Stellar Update for the complete list):

Diagnosis

Update to diagnosis file available for all 2010 ICD-9-CM codes.

Posting, Payments & Corrections, Claims

Diagnosis pointers for up to 8 diagnosis are now supported.

Patients

Added Hide Inactive option for certain patient lists.

When deleting a patient you're now asked if you want to print the history.

Providers

Added Massage Therapist as a provider type.

Search History

Can now view Simple Listing and "Show Patients found, not History" list, and simple Listing now includes patient names.

Appointments

Patient messages are now displayed.

Fixed Multi-Column Appointments not showing shifts if opened from Posting.

Diagnosis by DC's?

"Texas Medical Association vs. the Texas State Board of Chiropractic Examiners"

By Ronald E. Edgar, DC

DC's, please pay close attention to the law suit and trial proceedings regarding the Texas Medical Association vs. The Texas

State Board of Chiropractic Examiners. The Texas Medical Association is challenging DC's ability to legally diagnose a condition. If the Texas Medical Association prevails, I would expect an appeal to Federal Court; in the case that the appeal is denied or lost it will mean that the DC's in this Federal judge's jurisdiction will not be able to diagnose, DC's will not be able to file any insurance claims and this is just the start of the many problems DC's will have to face. This is not a Texas DC problem but one of national implications.

According to a recent report by Trailblazer (The Southwest Medicare insurance processor in Dallas, Texas) 98% of all DC claims are in error! (See: http://tinyurl.com/y8bpu2w) DC's are the ONLY group of providers that cannot opt out of Medicare; this fact has been pointed out before but I thought now would be a good time to mention it again. Could this be a good time to think about federal legislation that would allow those DC's who wish to opt out of Medicare to do so, just as all of the other professions are able to do?

Recovery Audit Contractor (RAC) – Are You Ready?

(3/30/2010)

The CMS Recovery Audit Contractor (RAC) program is now permanent and has officially arrived in Colorado, New Mexico, Oklahoma and Texas. For those who are not familiar with the goal of the RAC, it is a comprehensive effort to identify improper Medicare payments and fight fraud, waste and abuse, which protects the Medicare trust fund for taxpayers and future Medicare beneficiaries. (Improper payments may be overpayments or underpayments.)

Medicare providers can prepare for RAC audits by establishing efficient and appropriate internal office operations. Below are key suggestions:

* Know who your RAC is! CMS awarded Connolly Healthcare the contract to provide recovery audit services for Region C, which consists of the states of: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, North Carolina, New Mexico, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia and the territories of
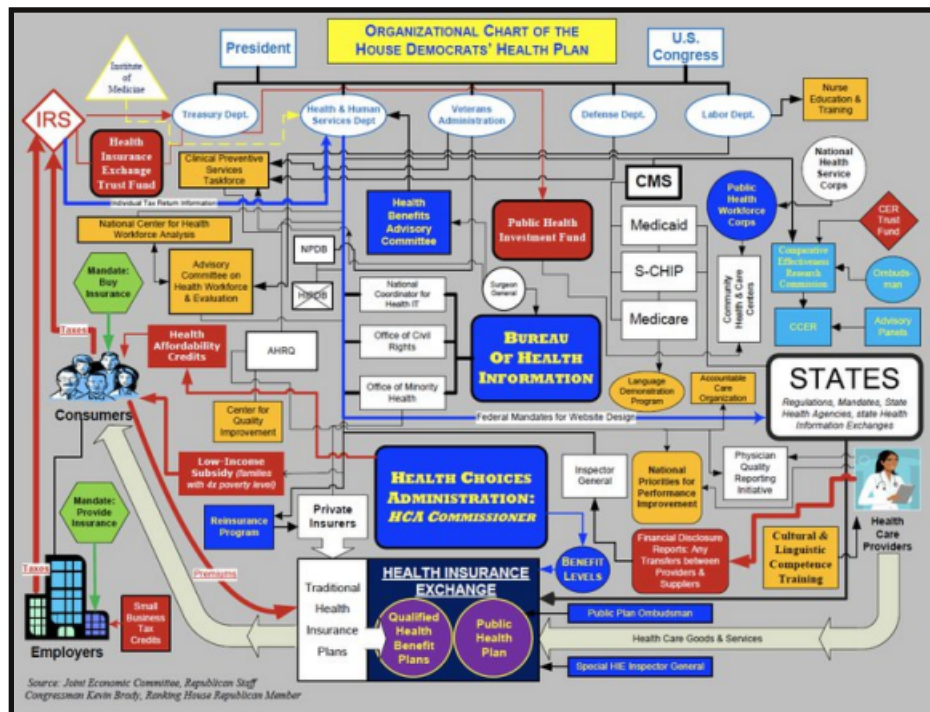
Puerto Rico and U.S. Virgin Islands. (See: http://www.connollyhealthcare.com/RAC/Pages/cms_RAC_Program.aspx)

* On a weekly basis, check the approved issues on Connolly Healthcare's Web site. This action will allow providers and their RAC coordinators the opportunity to view them first-hand. Internal audits are encouraged based on the issues that pertain to their specific services. (See: http://www.connollyhealthcare.com/RAC/pages/approved_issues.aspx)

* Designate a RAC coordinator in the office with the responsibility of responding to RAC record requests, meeting RAC deadlines and managing the appeals process.

* Be aware of the design and look of the Connolly Healthcare envelope. Convey this information to all personnel who manage and distribute the mail, while emphasizing the requests are to be handled timely.

* Establish a tracking system for all RAC-related records requests, deadlines and responses. (RAC DUE DATE: 45 days from the date of the medical record request letter.)

* If a question arises, call Connolly Healthcare directly at (866) 360-2507 or toll free at (203) 529-2315. (The Provider Contact Centers (PCCs) answer general questions only.)

Additional information about the types of RAC reviews and time limits, and an example of the Connolly Healthcare envelope can be found in the Partners in Compliance training manual at: http://www.trailblazerhealth.com/Publications/Training%20Manual/PartnersinCompliance.pdf