

STELLAR GOOD NEWS

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Updates Required for New Medicare Edits

Medicare has just made some changes to their claim edits (validation checks done on the claim data) that should begin to affect all Medicare and Railroad Medicare claims submitted after October 1, 2012. Note that some claims may have already been rejected due to these changes.

The change is that Medicare has decided that they no longer want the subscriber group number or subscriber employer name to be submitted on the claims.

We have updated Stellar so that these fields will no longer be sent on electronic claims to Medicare or Railroad Medicare type carriers. Please call us to get your download key and get Stellar updated as soon as possible to reduce the likelihood of having claims rejected by your Medicare contractor.

If you're using PC-Ace to transmit claims, it should be updated as well.

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 with the complete list.)

Electronic Claims

Removed 2000B SBR03 subscriber group number and 2000B SBR04 subscriber group name for all Medicare and Railroad Medicare.

Prevented error when using new

08202 Michigan Medicare payer ID number.

Paper Claims

Removed N from box 24H Family Plan indicator for Georgia Medicare.

Removed suppression of insurance address header for Ohio Medicare.

Pre-Insurance Report

X-Ray and PART exam dates are now listed separately.

Posting

Added DR column allowing per-service provider numbers.

Posting, Claims, Fee Schedules

Allowed pseudo-modifier "X" which prevents automatic GY or GPGY modifiers from being used.

Insurance Carriers, All Claims

Added ZZ-Mutually Defined/Unknown insurance carrier type.

Insurance Inquiry Letters

Added "Print Tax ID" option to print tax ID and NPI.

Corrected clinic phone number not printing right.

Insurance Labels

Corrected labels for printed carriers not queuing up.

Medicare PART Documentation Doesn't Satisfy Medical Necessity

From DynamicChiropractic.com, by David Seaman, DC, MS, DABCN and Albert J. Luce, DC

Much confusion abounds regarding how to document the treatment of a Medicare patient.

There are two main action steps that are required to become compliant.

The first step is to read your Local Coverage Determination (LCD) and Section 240 from Chapter 15 in the Medicare Benefit Policy Manual. All of the documentation requirements are found in these two resources. LCDs can vary slightly throughout the nation; however, they are all based on Section 240, which is why it is good to read both documents.

Unfortunately, many DCs have told us they have never read or even heard of the LCD or Section 240, which we believe is a likely reason for the profession-wide struggle with compliance. As each document is only about 10 pages, concerns about complexity and Draconian rules are easily dispelled; that is, we are sure Medicare is not out to get us.

The second step is to embrace the essence of the requirements in your LCD. In other words, you cannot just read the LCD once; you have to own the LCD. And owning the LCD will bring you to the realization that reimbursement for treating Medicare patients is about managing spinal pain and related functional disability.

Read the rest at: <http://tinyurl.com/czep8k4>

US health care system wastes \$750B a year

From Yahoo! News

WASHINGTON (AP) — The U.S. health care system squanders \$750 billion a year — roughly 30 cents of every medical dollar — through unneeded care, byzantine paperwork, fraud and other waste, the influential Institute of Medicine said Thursday in a report that ties directly into the presidential campaign.

President Barack Obama and Republican Mitt Romney are accusing each other of trying to slash Medicare and put seniors at risk. But the counter-intuitive finding from the report is that deep cuts are possible without rationing, and a leaner system may even produce better quality.

"Health care in America presents a fundamental paradox," said the report from an 18-member panel of prominent experts, including doctors, business people, and public officials. "The past 50 years have seen an explosion in biomedical knowledge, dramatic innovation in therapies and surgical procedures, and management of conditions that previously were fatal ...

"Yet, American health care is falling short on basic dimensions of quality, outcomes, costs and equity," the report concluded.

If banking worked like health care, ATM

transactions would take days, the report said. If home building were like health care, carpenters, electricians and plumbers would work from different blueprints and hardly talk to each other. If shopping were like health care, prices would not be posted and could vary widely within the same store, depending on who was paying.

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

Higher Education: The Next Bubble?

From DynamicChiropractic.com, by Christopher Kent, DC, Esq.

Higher education is facing unprecedented economic challenges that have profound implications for the future of chiropractic education. A growing number of authors are addressing what they call the "bubble" in higher education.

Student loan debt today exceeds every other major category of consumer debt, including credit card debt, auto loans and home equity loans. This is simply not sustainable. According to a 2011 article in USA Today, "The amount of student loans taken out last year crossed the \$100 billion mark for the first time and total loans outstanding will exceed \$1 trillion for the first time this year. Americans now owe more on student loans than on credit cards, reports the Federal Reserve Bank of New York."

In a New York Times editorial a few months ago, Brian Z. Tamanaha described the challenges facing legal education. One need only substitute "chiropractic," and his observations will ring true for our profession:

"The economics of legal education are broken ... Two factors have combined to produce this situation: the federal loan system and the American Bar Association-imposed accreditation standards for law schools. Both need to be reformed.

"First, consider the loan system. For more than three decades, law schools have steadily increased tuition because large numbers of students have been willing and able to pay whatever price the schools demanded ... To restore some economic rationality, the federal loan system needs to demand greater accountability from law schools: those with a high proportion of recent graduates in financial trouble should lose their eligibility to receive money from federal loans.

Read the rest at: <http://tinyurl.com/bohr2lv>