Coding Boards or Confessionals? Use Online Coding Discussion Tools With Caution

Cheryl L. Toth, MBA

Author's Note: The content of the e-mail examples presented in this article is from actual online discussions. Practice and participant names and contact information have been changed.

```
Subject: Consults vs. E&M
From: "Arlene Kohler" <akohler@
surgicalspecialists.com>
Date: Fri, 13 Nov 2013 08:53:33

So the head nurse found out today that we
aren't going to be able to bill consults
for Medicare. She said that she is going
to talk to our doctors to "have them add a
few bullets to their templates" to be able
to charge a comprehensive. I told her that
we can't charge a comprehensive unless
it's medically necessary. She said I'm
sure it will be.

What do you think about that? What should
I do?

Arlene
```

Thanks to Arlene's question, posted to an orthopedic listserv group, Surgical Specialists has just sent an open invitation to any auditor or whistleblower who knows how to perform a simple Google search. The invitation reads, *You Are Cordially Invited to … Audit Our Practice!*

By using an e-mail address that includes the practice's domain name (surgicalspecialists.com), Arlene has given a recovery audit contractor or other auditor the one detail needed to easily figure out the practice location, physician employers' names, and contact information.

Allowing a billing team to use online coding discussion groups may seem like a cost-effective way to get coding questions answered, but doing so can be risky. Anyone can proclaim "expertise" and provide a correct or incorrect answer. There are no industry standard guidelines to substantiate an answer. That means you cannot rely on the information exchanged by discussion group members, and anything your staff post could be used against you. If your practice is willing to take that risk, it's crucial to set rules and develop policies first.

Physicians Are the Last to Know

"In every coding workshop, I discuss the risks of participating in these [coding] boards and [e-mail] listservs," says Mary LeGrand, RN, MA, CCS-P, CPC, a consultant with KarenZupko & Associates in Chicago. "Most physicians have no idea they exist, or that the staff are spending practice work time to answer questions for other practices while they are 'on the clock.'"

To clarify, a *coding board* is a discussion forum, set up on a website, where people can start and engage in topical conversations, or "threads." These threads are archived and become searchable by anyone who logs in to the site. An *e-mail listserv* uses an e-mail system, instead of a site, to connect people with a shared interest in a particular topic. Anyone who has subscribed to the listserv can pose questions regarding the topic. These questions are generally e-mailed to the entire group of subscribers to elicit a response.

Discussion boards are not inherently evil, and neither are narcotics after surgery. But both can be improperly used or overused, which can get people into real trouble.

"There are a couple of big dangers physicians must be aware of," warns LeGrand. "First, because these discussions are intentionally 'open,' there is no validation of the answers. Readers take them as the gospel truth, yet frequently the online answers are wrong."

This is because the "responders" are generally not coding educators or experts. They are billers, managers, and other staff at practices and hospitals across the country,

Ms. Toth is Consultant, KarenZupko & Associates, Chicago, Illinois.

Address correspondence to: Cheryl L. Toth, Karen Zupko & Associates, 625 N Michigan Ave, Suite 2225, Chicago, IL 60611 (tel, 312-642-5616; fax, 312-642-5571; e-mail, ctoth@karenzupko.com).

Author's Disclosure Statement: The author reports no actual or potential conflict of interest in relation to this article.

Am J Orthop. 2013;43(3):114-117.

trying to help one another out. At first blush, this collegiality may seem harmless, even admirable. But here's the problem: unlike coding education companies, societies, and professional consultants, these people carry no errors and omissions insurance. If your practice relies on one of their wrong answers and gets audited, to whom will you go for restitution?

"The second big issue," LeGrand continues, "is that people and practices are clearly identified in the e-mails." Or, they are at least easy to identify through their practice e-mail addresses, as is the case with Arlene in the opening example here.

When staff post about physician coding behavior and other sensitive or controversial issues, the practice is left exposed. "A well-known surgeon was recently discussed on one of the boards," LeGrand explains. "His full name and practice name were listed, along with the details of questionable coding and billing issues."

Third, whenever your billing staff are helping resolve other practices' coding and billing issues, they're neglecting your accounts. "I think physicians would be shocked to find out how much time their staff spend answering questions from other practices," says LeGrand, who notes that one client's former biller responded to online queries and e-mails approximately 1 to 3 hours a day. "Do you really want to pay employees to do this?" she asks. "I think most physicians would say no."

Big, Glaring Audit Risk

If your practice is using coding boards and listservs without policies and protocols in place, you are working without a net.

"A key issue here is disclosure," explains health law attorney Michael Sacopulos, founder and president of Medical Risk Institute in Terre Haute, Indiana. "Staff are publicly disclosing information that potentially makes the practice an audit risk. And in most cases, you can't un-ring the bell. It's done. It's up there for everyone to see."

Health law attorney Patricia Hofstra, a partner at Duane Morris in Chicago, agrees. "These sites are monitored by government officials, RAC [recovery audit contractor] auditors, ZPIC [zone program integrity contractor] auditors, and fiscal intermediaries. And your competitors, too. Any information that is exchanged is public information that's discoverable and that could be used against a practice or physician at any time."

Remember, when people ask a question or provide an answer, a permanent digital trail of coding crumbs is created. That trail can easily be followed by the feds, or savvy payers seeking clues and patterns. And, indeed, payers *are* watching, according to LeGrand. "Over the past year, we've noticed a Noridian Medicare director responding to multiple posts. And we occasionally see others identify themselves as Medicare representatives."

So, let's say one of your partners isn't exactly following *Current Procedural Terminology* (CPT) coding rules, despite your best efforts at training and cajoling. You and your partners know it. Your staff know it. And if Rhonda is on your billing team, the rest of the world will know it, too:

```
From: Barrington, Rhonda (rbarrington@
famousacademicinstitution.edu)
Sent: Monday, June 03, 2013 2:08 PM
Subject: Acromioplasty and hardware
removal with total shoulder arthroplasty

Hello All,

We have a surgeon that says I am not an
aggressive coder because I communicate
to him when NCCI indicates that certain
procedures are bundled, and now I am
second-guessing myself. Can you confirm
whether or not 23130 and 20680 for removal
of 2 suture anchors from the humeral canal
from a previous rotator cuff repair are
bundled with 23472?

Rhonda
```

What's risky about this question? Rhonda has just inferred that her doctor prefers unbundling over following National Correct Coding Initiative (NCCI) edits. It appears Rhonda is applying only NCCI guidelines and not CPT rules or American Academy of Orthopaedic Surgeons (AAOS) guidelines, and is asking the group whether she should unbundle these codes.

"Staff often publicly disclose their displeasure with something the physician said, or how he or she wants to code," says Kim Pollock, RN, MBA, CPC, a consultant with KarenZupko & Associates. "They freely use the word *fraud*, but most of them don't have an understanding of the legal definition of fraud, or the burden of proof that is required."

The trouble with this situation, according to Hofstra and Sacopulos, is that your practice can't get legal protection. "There is no attorney-client privilege because your issue is 'out there,'" Hofstra points out, adding that "information posted to listservs and discussion boards is also ripe for picking by disgruntled employees or others who are formulating a whistleblower or *qui tam* suit."

Hofstra recounts an online discussion about whether practices are required to refund credit balances. In a listserv thread, posters debated whether credit balances must be returned—despite state and federal law being very clear. "If there's an overpayment, you're required to make the refund," she clarifies.

Sacopulos describes this behavior as risky "self-selection." "These people are waving their hands saying, 'We are confused!' Although it's possible they are doing it right,

they clearly don't have confidence that they are, or they would not be putting the question on the board."

Incomplete Questions Yield Inaccurate Answers

Many questions posted to discussion boards leave out essential details required to provide an accurate answer. For instance:

```
Subject: Arthroscopic extensive elbow
debridement and capsular release

From: "Garrison, Cindy" <cgarrison@
practicedomainname.com>

Date: Wed, 3 September 2013 19:24:22
+0000

Dr. diagnosed patient with
"Infrapatellar branch of saphenous
nerve with neuoms discharge." What
would be the icd-9 code(s) for this?
Scratching my head at this one. Help
is appreciated.

Cindy Garrison
Billing Coordinator
The Ortho Clinic
123 Main Street
City, ST 12345
000-000-0000 phone
www.practicedomainname.com
```

What is wrong with this question? Typos notwithstanding, there is no such thing as a "neuoms discharge," and, more important, there is no operative note provided. Answering the question without reading the documentation is impossible. Yet, multiple people responded—with different CPT and *International Classification of Diseases, Ninth Revision* (*ICD-9*) codes. "It's unclear to us why staff believe the answers on these boards," LeGrand says. "It's like reading advice on a bathroom wall."

Incomplete questions like this one are common, according to LeGrand and Pollock. The inquirers may be new to billing for orthopedics, or may be managers following up on claims. They "don't know what they don't know," so they post an incomplete question. Adds Pollock, "the person who is asking can't discern a right from a wrong answer. And often the 'advisor' isn't giving accurate advice. And no one's the wiser." Another example:

```
From: Brittney Spines (Brittney.
spines@boneandback.com)
Sent: Wed, September 18, 2013 11:32 AM
To: Ortho Coding Board
(orthocodingboard@discussion.com)
Subj: Coding for Fusion


Hello – I am new to this billing
office and could use some help.
Patient has had an L4-L5 fusion. How
do I code this? Thank you!

Brittney Spines
The Bone & Back Care Group
331 16th Street
Your Town, USA
(XXX) 555-1212
```

According to Pollock, the answer to this question depends on many factors, including approach used (eg, anterior, posterior), type of fusion (eg, interbody, transverse process), whether any other procedures were performed (eg, decompression, instrumentation), and type of bone graft (eg, autograft, allograft). And, again, the operative note is needed.

"Yet, many responders answered this question with their advice," she says.

Hofstra believes that listservs can be helpful when used for information purposes, as they alert staff to important information and issues. But she and Sacopulos agree that none of the advice should be used for coding or billing unless it's been verified with a credible source.

A good protocol for minimizing risk is pretty simple, says Hofstra. "Don't believe everything you read in a listserv or on the Internet without verifying it. And don't post sensitive, practice-identifiable questions or information."

Define "Dos and Don'ts"

Experts suggest developing written policies and protocols *before* staff begin using online coding discussion tools. Engaging a health care attorney to review policies prior to implementation is a good idea.

1 Create a List of Approved Sites and Resources

LeGrand recommends listing each coding board and listserv that is being used, along with its organization name, sponsor name (if relevant), and website address. Then, review each site and evaluate it against criteria to create an "approved" list that's acceptable for employee use.

- Is the site or list sponsored by a national specialty society or professional organization?
- What are the credentials of the people responding to questions?
- Is the board or list moderated? If so, what are the credentials of the moderator?
- Does the sponsor carry errors and omissions insurance protecting your practice against inaccurate advice?

- Review the site's Terms of Use. Do these terms allow posts to be edited or deleted?

Some boards and listservs have credentialed moderators who can correct wrong answers and remove inaccurate posts. If the sites on your list have moderators, that's a positive sign. So is the participation of respondents who list their degrees and credentials. Look for:

- Certified Professional Coder® (CPC) and other physician coding credentials from the American Association of Procedural Coders (AAPC).
- Certified Coding Associate® (CCA), Certified Coding Specialist® (CCS), Certified Coding Specialist–Physician based® (CCS-P), and other physician office certifications from the American Health Information Management Association (AHIMA).

All of these credentials indicate that the people who are answering questions about coding have passed an examination assessing their knowledge.

LeGrand advises updating the list of listservs and sites both annually and when new sites pop up. "If you are audited, you'll need to track down the sources of the coding advice used."

2 Develop Usage Policies and Procedures

"Online boards and listservs bridge both HIPAA [Health Insurance Portability and Accountability Act] and billing compliance," according to Sacopulos. "You need policy statements in both your billing compliance plan and your social media policy that address usage. And the latter requires employee sign-off."

A good policy prohibits employees from posting, for example, "sensitive" coding issues. Mentions of the physician's coding behavior, or of anything that could be perceived as the physician ignoring correct coding rules or guidelines, are a no-go.

When developing policies, Hofstra advises, a framing question should be used: *Would we be comfortable sharing this with the federal government or the local newspaper?* "If the answer is no, it shouldn't go online." The same is true for issues related to the practice culture, or the behavior of people in the practice. "Comments can get blown out of proportion and taken out of context. Use these online resources carefully and protect yourself."

Define acceptable and unacceptable topics. "Some employees use these sites to vent," Hofstra says, citing a discussion about a physician alleged to have made inappropriate comments to staff. "This is extremely inappropriate, as are questions such as, 'Should we disclose to a patient that we billed for a procedure that was not performed by the doctor? Is there an obligation to disclose this?'" Although these important questions deserve discussion, the discussion should take place with legal counsel or with the practice's compliance officer, not on a listserv.

3 Set Rules About Identifying Details

"Instruct staff not to post anything online in a format that could directly or indirectly identify the practice on or off work time," Hofstra advises. "Posting practice-identifiable information is risky and should be carefully controlled."

Be aware that even personal e-mails and off-the-clock postings can be traced back to the practice if the employee provides enough specific personal details.

4 Validate, Document, and File All Answers

"No one should trust what they read on the Internet," Hofstra warns. "Responses should be used as guidance only. Verify all recommendations through credible sources."

Validate online responses against advice from AAOS, orthopedic subspecialty societies, the American Medical Association (AMA), or federal transmittals. Only after responses are verified should the practice use the information. And as with any coding source documentation, put the details into the practice's compliance plan. "Log where and on what date you got the answer, who provided it, their credentials, and the website address," LeGrand explains. "If you are audited, you need this trail of information to justify where surgeons and staff received the coding information used on the claim."

5 Pay for Vetted Resources From Reputable Organizations

Keep your staff informed, and you'll reduce the number of questions they pose to questionable sources. "Purchase AAOS' Code-X coding software tool and send the billing team to Academy-sponsored coding workshops annually," suggests LeGrand. Pollock adds that other good coding resources include publications from AAPC and AHIMA and *The CPT Assistant* from AMA.

For ongoing questions, contract with a coding educator or consultant with orthopedics expertise. Pollock also suggests subscribing to CPT Network, the AMA's searchable knowledge base of coding questions and answers, and getting answers to ad hoc questions from the AMA's CPT Coding Department. AMA members can receive answers for up to 6 questions per year for free. Other packages are available. Costs range from $80 for the answer to 1 question, to $1,100 for the answers to 25 questions.

Conclusion

Used with discretion, online coding discussions and listservs can be useful. Establish policies and protocols, monitor what the billing staff are asking and answering online, and always validate online coding advice against credible sources.