American Health Information Management Association Standards of Ethical Coding [2016 version]

Introduction

Coding is recognized as one of the core health information management (HIM) functions within healthcare. Due to the complex regulatory requirements affecting the health information coding process, coding professionals are frequently faced with ethical coding and coding-related challenges. The Standards of Ethical Coding are **important** established guidelines for any coding professional and are based on the American Health Information Management Association's (AHIMA's) Code of Ethics. Both reflect expectations of professional conduct for coding professionals involved in diagnostic and/or procedural coding, data abstraction and related coding and/or data activities.

A Code of Ethics sets forth professional values and ethical principles. In addition, a code of ethics offers ethical guidelines to which professionals aspire and by which their actions can be expected and be judged. HIM and coding professionals are expected to demonstrate professional values by their actions to patients, employers, members of the healthcare team, the public, and the many stakeholders they serve. A Code of Ethics is important in helping guide the decision-making process and can be referenced by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, government agencies, and other professional groups). The Code of Ethics[1] is relevant to all AHIMA members, students, and CCHIIM credentialed HIM and coding professionals, regardless of their professional functions, the settings in which they work, or the populations they serve. All core health information coding activities are performed in compliance with state and federal regulations, and employer policies and procedures.[2]

The AHIMA Standards of Ethical Coding are intended to assist and guide coding professionals whether credentialed or not; including but not limited to coding staff, coding auditors, coding educators, clinical documentation improvement (CDI) professionals, and managers responsible for decision-making processes and operations as well as HIM/coding students. The standards outline expectations for making ethical decisions in the workplace and demonstrate coding professionals' commitment to integrity during the coding process, regardless of the purpose for which the codes are being reported. They are relevant to all coding professionals, regardless of the healthcare setting (e.g., inpatient, outpatient, post-acute care, alternative care, etc.) in which they work or function.

These Standards of Ethical Coding have been revised in order to reflect the current healthcare environment and modern coding practices. This document is in two parts; part one includes the standards and part two contains the standards, guidelines, and examples. Additionally, definitions have been added for some key words and terms used throughout the document. The following definitions relate to and are used within the context of these Standards for consistency and continuity.

Definitions

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The purpose of this definition section is to achieve clarity without needless repetition. These definitions are intended to reflect everyday meaning. It is not within the scope of this document to establish new definitions for the words.

Coding Professional: Individuals whether credentialed or not; including but not limited to coding staff, coding auditors, coding educators, clinical documentation improvement (CDI) professionals, and managers responsible for decision-making processes and operations as well as HIM/coding students.

Coding-related activities: The activities include selection, research, and completion of code assignment, querying, other health record data abstraction, data analytics and reporting with codes, coding audits, remote coding, and coding educational activities and functions.

Data: All healthcare data elements including clinical, demographic, and financial.

Documentation: Clinical documentation found in the health record (medical record) in any format.

Encounter: The term *encounter* is used for all settings, including hospital admissions. All healthcare settings include the following: hospitals (inpatient and outpatient), physician offices, post-acute care (e.g., long- and short-term care), and other non-acute care (e.g., home health, hospice).

Established practices: Refers to processes and methods that are recognized and generally accepted such as AHIMA practice briefs and accrediting body standards.

Healthcare professionals: Those who are educated and skilled in any aspect of healthcare including direct and indirect patient care.

Provider: The term *provider* is used throughout the guidelines to mean physician or any qualified healthcare practitioner who is legally accountable for establishing the patient's diagnosis.

Query: A clarification or question to the provider through written, verbal, or electronic means regarding or related to clinical documentation in the health record.

Requirements: ICD coding conventions, official coding and reporting guidelines approved by the Cooperating Parties, the CPT rules established by the American Medical Association, applicable state and federal regulations, and any other official coding rules and guidelines (e.g., AHA Coding Clinic ICD-10-CM/PCS; AHA Coding Clinic for HCPCS; AMA CPT Assistant; AMA CPT Code book) established for use with mandated standard code sets.

Standards of Ethical Coding

1. Apply accurate, complete, and consistent coding practices that yield quality data.
2. Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions.
3. Assign and report, in any format, only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, and requirements.
4. Query and/or consult as needed with the provider for clarification and additional documentation prior to final code assignment in accordance with acceptable healthcare industry practices.
5. Refuse to participate in, support, or change reported data and/or narrative titles, billing data, clinical documentation practices, or any coding related activities intended to skew or misrepresent data and their meaning that do not comply with requirements.
6. Facilitate, advocate, and collaborate with healthcare professionals in the pursuit of accurate, complete and

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reliable coded data and in situations that support ethical coding practices.

7. Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements.
8. Maintain the confidentiality of protected health information in accordance with the Code of Ethics.[3]
9. Refuse to participate in the development of coding and coding related technology that is not designed in accordance with requirements.
10. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.
11. Refuse to participate in and/or conceal unethical coding, data abstraction, query practices, or any inappropriate activities related to coding and address any perceived unethical coding related practices.

The Standards for Ethical Coding and How to Interpret the Standards of Ethical Coding

Standards and Guidelines

The following ethical principles are based on the core values of the American Health Information Management Association in the AHIMA Code of Ethics and apply to all coding professionals. Guidelines for each ethical standard are a non-inclusive list of behaviors and situations that can help to clarify the standard. They are not meant to be a comprehensive list of all situations that can occur.

1. Apply accurate, complete, and consistent coding practices that yield quality data.

   Coding professionals **shall**:

   1.1. Support selection of appropriate diagnostic, procedure and other types of health service related codes (e.g. present on admission indicator, discharge status).

   1.2. Develop and comply with comprehensive internal coding policies and procedures that are consistent with requirements.

   Example: Develop internal policies and procedures for the coding function such as Facility Coding Guidelines that do not conflict with the Requirements and use as a framework for the work process, and education and training is provided on their use.

   1.3. Foster an environment that supports honest and ethical coding practices resulting in accurate and reliable data.

   Example: Regularly discussing the standards of ethical coding at staff meetings.

   Coding professionals **shall not**:

   1.4. Distort or participate in improper preparation, alteration, or suppression of coded information.

   Example: Assigning diagnosis and/or procedure codes based on clinical documentation not recognized in requirements (as defined above in the definitions).

   1.5. Misrepresent the patient's medical conditions and/or treatment provided, are not supported by the health

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record documentation.

Example: Permitting coding practices that misrepresent the provider documentation for a given date of service or encounter such as using codes from a previous encounter on the current encounter (except with bundled payment models or other methodologies).

2. Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions.

   Coding professionals **shall**:

   2.1. Adhere to the ICD coding conventions, official coding and reporting guidelines approved by the Cooperating Parties, the CPT rules established by the American Medical Association, and any other official coding rules and guidelines established for use with mandated standard code sets.

   Example: Using current and/or appropriate resource tools that assist with proper sequencing and reporting to stay in compliance with existing reporting requirements.

   2.2. Select and sequence diagnosis and procedure codes, present on admission, discharge status in accordance with the definitions of required data sets in all healthcare settings.

3. Assign and report, in any format, only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, and requirements.

   Coding professionals **shall**:

   3.1. Apply skills, knowledge of currently mandated coding and classification systems, and official resources to select the appropriate diagnostic and procedural codes (including applicable modifiers), and other codes representing healthcare services (including substances, equipment, supplies, or other items used in the provision of healthcare services).

   Example: Researching and/or confirming the appropriate code for a clinical condition when not indexed in the classification.

4. Query and/or consult as needed with the provider for clarification and additional documentation prior to final code assignment in accordance with acceptable healthcare industry practices.

   Coding professionals **shall**:

   4.1. Participate in the development of query policies that support documentation improvement and meet regulatory, legal, and ethical standards for coding and reporting.

   Example: Guidelines for Achieving a Compliant Query Practice (2016 Update)[4]

   4.2. Use queries as a communication tool to improve the accuracy of code assignment and the quality of health record documentation.

   Example: Designing and adhering to policies regarding the circumstances when providers should be queried to promote complete and accurate coding and complete documentation, regardless of whether reimbursement

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will be affected.

Example: In some situations a query to the provider will be initiated after the initial completion of the coding due to late documentation, etc., this should be conducted in a timely manner.

4.3. Query with established practice brief guidance when there is conflicting, incomplete, illegible, imprecise, or ambiguous information, (e.g., concurrent, pre-bill, and retrospective).

Coding professionals **shall not**:

4.4. Query the provider when there is no clinical information in the health record that necessitates a query.

Example: Querying the provider regarding the presence of gram-negative pneumonia on every pneumonia case/encounter.

4.5 Utilize health record documentation from or in other encounters to generate a provider query.

5. Refuse to participate in, support or change reported data and/or narrative titles, billing data, clinical documentation practices, or any coding related activities intended to skew or misrepresent data and their meaning that do not comply with requirements.

   Coding professionals **shall**:

   5.1. Select and sequence the codes such that the organization receives the optimal reimbursement to which the facility is legally entitled, remembering that it is unethical and illegal to increase reimbursement by means that contradict requirements.

   5.2. Bring to the attention of the organization management any identified inappropriate coding practices that do not comply with requirements.

   Example: Communicating with management and/or utilize organization's compliance hot line to report inappropriate coding practices.

   Example: Bringing coding errors to the attention of the administration and/or coding leadership as soon as possible.

   Coding professionals **shall not**:

   5.3. Misrepresent the patient's clinical picture through intentional incorrect coding or omission of diagnosis or procedure codes, or the addition of diagnosis or procedure codes unsupported by health record documentation, to inappropriately increase reimbursement, justify medical necessity, improve publicly reported data, or qualify for insurance policy coverage benefits.

   Example: Changing a code at the patient's and/or business office's request so that the service will be covered by the patient's insurance when not supported by the clinical documentation and /or requirements.

   5.4. Exclude diagnosis or procedure codes inappropriately in order to misrepresent the quality of care provided.

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Example: Omitting and/or altering a code to misrepresent the quality outcomes or metrics that is not supported by clinical documentation and requirements.

Example: Reporting codes for quality outcomes that inaccurately improve a healthcare organization's quality profile or pay-for-performance results (e.g. POA, risk adjustment methodologies).

6. Facilitate, advocate, and collaborate with healthcare professionals in the pursuit of accurate, complete and reliable coded data and in situations that support ethical coding practices.

   Coding professionals **shall**:

   6.1. Assist with and educate providers, clinicians, and others by advocating proper documentation practices and further specificity for both diagnoses and procedures when needed to more precisely reflect the acuity, severity, and the occurrence of events.

   Example: Providing regular education sessions on new requirements or requirement changes.

   Example: Reviewing and sharing requirements and Standards for Ethical Coding with providers, clinicians, and others.

7. Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements.

   Coding professionals **shall**:

   7.1. Maintain and continually enhance coding competencies in order to stay abreast of changes in codes, documentation, and coding requirements.

   Example: Participating in educational programs, reading required publications, and maintaining professional certifications.

8. Maintain the confidentiality of protected health information in accordance with the Code of Ethics.[3]

   Coding professionals **shall**:

   8.1. Protect all confidential information obtained in the course of professional service, including personal, health, financial, genetic, and outcome information.

   8.2. Access only that information necessary to perform their duties.

   8.3. Maintain a remote coding work area that protects confidential health information.

   Example: Health information should be protected from public and/or family viewing.

9. Refuse to participate in the development of coding and coding related technology that is not designed in accordance with requirements.

   Coding professionals **shall**:

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9.1. Utilize all tools, both electronic and hard copy that are available to ensure accurate code assignment.

9.2. Recognize that computer assisted coding (CAC) and/or electronic encoders are only tools and are not a substitute for the coding professional's judgment.

9.3. Utilize electronic code and code title selection technology in a manner that is compliant with coding requirements.

10. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.

    Coding professionals **shall**:

    10.1. Act in an honest manner and bring honor to self, peers, and the profession.

    10.2. Represent truthfully and accurately their credentials, professional education, and experience.

    10.3. Demonstrate ethical principles and professional values in their actions to patients, employers, other members of the healthcare team, consumers, and other stakeholders served by the healthcare data they collect and report.

11. Refuse to participate in and/or conceal unethical coding, data abstraction, query practices, or any inappropriate activities related to coding and address any perceived unethical coding related practices.

    Coding professionals **shall**:

    11.1. Act in a professional and ethical manner at all times.

    11.2. Take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

    11.3. Be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. These include policies and procedures created by AHIMA, licensing and regulatory bodies, employers, supervisors, agencies, and other professional organizations.

    11.4. Seek resolution if there is a belief that a colleague(s) has acted unethically or if there is a belief of incompetence or impairment by discussing concerns with the colleague(s) when feasible and when such discussion is likely to be productive.

    Example: Taking action through appropriate formal channels (i.e., internal escalation process or compliance hot line, and/or contact an accreditation or regulatory body, and/or the AHIMA Professional Ethics Committee).

    11.5. Consult with a colleague(s) when feasible and assist the colleague(s) in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.

    Coding professionals **shall not**:

    11.6. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-

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exhaustive list of examples includes:

- Participating in or allowing inappropriate patterns of retrospective documentation to avoid suspension and/or increase reimbursement
- Coding an inappropriate level of service
- Miscoding to avoid conflict with others
- Adding, deleting, and altering health record documentation
- Coding from documentation that is Copied and pasted from another clinician's documentation without identification of the original author and date
- Engaging in and supporting negligent coding practices
- Participating in or allowing inappropriate retrospective provider querying
- Reporting a code for the sake of convenience or to affect reporting for a desired effect on the results

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Footnotes

[1] Code of Ethics, October 2, 2011.

[2] Ibid.

[3] Guidelines for Achieving a Compliant Query Practice (2016 Update)

[4] Code of Ethics. Principle III.

Resources

Code of Ethics

Ethical Standards for Clinical Documentation Improvement (CDI) Professionals

ICD-10-CM Official Guidelines for Coding and Reporting

ICD-10-PCS Official Guidelines for Coding and Reporting

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