American Health Information Management Association Standards of Ethical Coding

Introduction

The Standards of Ethical Coding are based on the American Health Information Management Association's (AHIMA's) Code of Ethics. Both sets of principles reflect expectations of professional conduct for coding professionals involved in diagnostic and/or procedural coding or other health record data abstraction.

A Code of Ethics sets forth professional values and ethical principles and offers ethical guidelines to which professionals aspire and by which their actions can be judged. Health information management (HIM) 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 to 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 AHIMA Code of Ethics (available on the AHIMA web site) is relevant to all AHIMA members and credentialed HIM professionals and students, regardless of their professional functions, the settings in which they work, or the populations they serve. Coding is one of the core HIM functions, and due to the complex regulatory requirements affecting the health information coding process, coding professionals are frequently faced with ethical challenges. The AHIMA Standards of Ethical Coding are intended to assist coding professionals and managers in decision-making processes and actions, 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 and those who manage the coding function, regardless of the healthcare setting in which they work or whether they are AHIMA members or nonmembers.

These Standards of Ethical Coding have been revised in order to reflect the current healthcare environment and modern coding practices. The previous revision was published in 1999.

Standards of Ethical Coding

Coding professionals should:

1. Apply accurate, complete, and consistent coding practices for the production of high-quality healthcare data.
2. Report all healthcare data elements (e.g. diagnosis and procedure codes, present on admission indicator, discharge status) required for external reporting purposes (e.g. reimbursement and other administrative uses, population health, quality and patient safety measurement, and research) completely and accurately, in accordance with regulatory

and documentation standards and requirements and applicable official coding conventions, rules, and guidelines.

3. Assign and report only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, rules, and guidelines.
4. Query provider (physician or other qualified healthcare practitioner) for clarification and additional documentation prior to code assignment when there is conflicting, incomplete, or ambiguous information in the health record regarding a significant reportable condition or procedure or other reportable data element dependent on health record documentation (e.g. present on admission indicator).
5. Refuse to change reported codes or the narratives of codes so that meanings are misrepresented.
6. Refuse to participate in or support coding or documentation practices intended to inappropriately increase payment, qualify for insurance policy coverage, or skew data by means that do not comply with federal and state statutes, regulations and official rules and guidelines.
7. Facilitate interdisciplinary collaboration in situations supporting proper coding practices.
8. Advance coding knowledge and practice through continuing education.
9. Refuse to participate in or conceal unethical coding or abstraction practices or procedures.
10. Protect the confidentiality of the health record at all times and refuse to access protected health information not required for coding-related activities (examples of coding-related activities include completion of code assignment, other health record data abstraction, coding audits, and educational purposes).
11. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.

Revised and approved by the House of Delegates 09/08

Resources

(updated April 2013)

AHIMA Code of Ethics

ICD-9-CM Official Guidelines for Coding and Reporting

AHIMA's position statement on Quality Health Data and Information

AHIMA's position statement on Consistency of Healthcare Diagnostic and Procedural Coding

AHIMA Practice Brief titled "Managing an Effective Query Process

How to Interpret the Standards of Ethical Coding

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

1. ***Apply accurate, complete, and consistent coding practices for the production of high-quality healthcare data.***

   Coding professionals and those who manage coded data 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).
   >
   > Example:
   > Policies and procedures are developed and used as a framework for the work process, and education and training is provided on their use.
   >
   > 1.2. Develop and comply with comprehensive internal coding policies and procedures that are consistent with official coding rules and guidelines, reimbursement regulations and policies and prohibit coding practices that misrepresent the patient's medical conditions and treatment provided or are not supported by the health record documentation.
   >
   > Example:
   > Code assignment resulting in misrepresentation of facts carries significant consequences.
   >
   > 1.3. Participate in the development of institutional coding policies and ensure that coding policies complement, and do not conflict with, official coding rules and guidelines.
   >
   > 1.4. Foster an environment that supports honest and ethical coding practices resulting in accurate and reliable data.
   >
   > Coding professionals **shall not**:
   >
   > 1.5. Participate in improper preparation, alteration, or suppression of coded information.

2. ***Report all healthcare data elements (e.g. diagnosis and procedure codes, present on admission indicator, discharge status) required for external reporting purposes (e.g. reimbursement and other administrative uses, population health, public data reporting, quality and patient safety measurement, research) completely and accurately, in***

accordance with regulatory and documentation standards and requirements and applicable official coding conventions, rules, and guidelines.

Coding professionals **shall**:

> 2.1. Adhere to the ICD coding conventions, official coding guidelines approved by the Cooperating Parties,[1] 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:
> Appropriate resource tools that assist coding professionals with proper sequencing and reporting to stay in compliance with existing reporting requirements are available and used.
>
> 2.2. Select and sequence diagnosis and procedure codes in accordance with the definitions of required data sets for applicable healthcare settings.
>
> 2.3. Comply with AHIMA's standards governing data reporting practices, including health record documentation and clinician query standards.

3. ***Assign and report only the codes that are clearly and consistently supported by health record documentation in accordance with applicable code set conventions, rules, and guidelines.***

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:
> Failure to research or confirm the appropriate code for a clinical condition not indexed in the classification, or reporting a code for the sake of convenience or to affect reporting for a desired effect on the results, is considered unethical.

4. ***Query provider (physician or other qualified healthcare practitioner) for clarification and additional documentation prior to code assignment when there is conflicting, incomplete, or ambiguous information in the health record regarding a significant reportable condition or procedure or other reportable data element dependent on health record documentation (e.g. present on admission indicator).***

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.

4.2. Query the provider for clarification when documentation in the health record that impacts an externally reportable data element is illegible, incomplete, unclear, inconsistent, or imprecise.

4.3. Use queries as a communication tool to improve the accuracy of code assignment and the quality of health record documentation, not to inappropriately increase reimbursement or misrepresent quality of care.

Example:
Policies regarding the circumstances when clinicians should be queried are designed to promote complete and accurate coding and complete documentation, regardless of whether reimbursement will be affected.

Coding professionals **shall not**:
4.4. Query the provider when there is no clinical information in the health record prompting the need for a query.

Example:
Query the provider regarding the presence of gram-negative pneumonia on every pneumonia case, regardless of whether there are any clinical indications of gram-negative pneumonia documented in the record.

5. ***Refuse to change reported codes or the narratives of codes so that meanings are misrepresented.***

Coding professionals **shall not**:

5.1. Change the description for a diagnosis or procedure code or other reported data element so that it does not accurately reflect the official definition of that code.

Example:
The description of a code is altered in the encoding software, resulting in incorrect reporting of this code.

6. ***Refuse to participate in or support coding or documentation practices intended to inappropriately increase payment, qualify for insurance policy coverage, or skew data by means that do not comply with federal and state statutes, regulations and official rules and guidelines.***

Coding professionals **shall**:

6.1. Select and sequence the codes such that the organization receives the optimal payment to which the facility is legally entitled, remembering that it is unethical and illegal to increase payment by means that contradict regulatory guidelines.

Coding professionals **shall not**:
6.2. 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.

Examples:
A patient has a health plan that excludes reimbursement for reproductive management or contraception; so rather than report the correct code for admission for tubal ligation, it is reported as a medically necessary condition with performance of a salpingectomy. The narrative descriptions of both the diagnosis and procedures reflect an admission for tubal ligation and the procedure (tubal ligation) is displayed on the record.

A code is changed at the patient's request so that the service will be covered by the patient's insurance.

Coding professionals **shall not**:
6.3. Inappropriately exclude diagnosis or procedure codes in order to misrepresent the quality of care provided.

Examples:
Following a surgical procedure, a patient acquired an infection due to a break in sterile procedure; the appropriate code for the surgical complication is omitted from the claims submission to avoid any adverse outcome to the institution.

Quality outcomes are reported inaccurately in order to improve a healthcare organization's quality profile or pay-for-performance results.

7. ***Facilitate interdisciplinary collaboration in situations supporting proper coding practices.***

Coding professionals **shall**:

7.1. Assist and educate physicians and other clinicians by advocating proper documentation practices, further specificity, and re-sequence or include diagnoses or procedures when needed to more accurately reflect the acuity, severity, and the occurrence of events.

Example:
Failure to advocate for ethical practices that seek to represent the truth in events as expressed by the associated code sets when needed is considered an intentional disregard of these standards.

8. ***Advance coding knowledge and practice through continuing education.***

Coding professionals **shall**:

> 8.1. Maintain and continually enhance coding competency (e.g., through participation in educational programs, reading official coding publications such as the Coding Clinic for ICD-9-CM, and maintaining professional certifications) in order to stay abreast of changes in codes, coding guidelines, and regulatory and other requirements.

9. ***Refuse to participate in or conceal unethical coding practices or procedures.***

Coding professionals **shall**:

> 9.1. Act in a professional and ethical manner at all times.

> 9.2. Take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

> 9.3. 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.

> 9.4. Seek resolution if there is a belief that a colleague has acted unethically or if there is a belief of incompetence or impairment by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive. Take action through appropriate formal channels, such as contacting an accreditation or regulatory body and/or the AHIMA Professional Ethics Committee.

> 9.5. Consult with a colleague when feasible and assist the colleague in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.

Coding professionals **shall not**:
9.6. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-exhaustive list of examples includes:

- o Allowing inappropriate patterns of retrospective documentation to avoid suspension or increase reimbursement
- o Assigning codes without supporting provider (physician or other qualified healthcare practitioner) documentation
- o Coding when documentation does not justify the diagnoses and/or procedures that have been billed
- o Coding an inappropriate level of service

- o Miscoding to avoid conflict with others
- o Adding, deleting, and altering health record documentation
- o Copying and pasting another clinician's documentation without identification of the original author and date
- o Knowingly reporting incorrect present on admission indicator
- o Knowingly reporting incorrect patient discharge status code
- o Engaging in negligent coding practices

10. ***Protect the confidentiality of the health record at all times and refuse to access protected health information not required for coding-related activities (examples of coding-related activities include completion of code assignment, other health record data abstraction, coding audits, and educational purposes).***

Coding professionals **shall**:

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

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

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

Coding professionals **shall**:

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

11.2. Truthfully and accurately represent their credentials, professional education, and experience.

11.3. 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.

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[1] The Cooperating Parties are the American Health Information Management Association, American Hospital Association, Centers for Medicare & Medicaid Services, and National Center for Health Statistics.