Ethical Coding Standards for the Healthcare Coding Professional
Live Webinar
Sponsored by

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Program Handouts
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Speaker
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California Health Information Association, AHIMA Affiliate
Disclaimer

- This material is designed and provided to communicate information about clinical documentation, coding, and compliance in an educational format and manner.
- The presenter is not providing or offering legal advice but, rather, practical and useful information and tools to achieve compliant results in the area of clinical documentation, data quality, and coding.
- Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful.
- Applying best practice solutions and achieving results will vary in each hospital/facility and clinical situation.

NOTE: The content of this presentation and the comments of the speaker do not reflect or represent CHIA, AHIMA, or Kaiser Permanente.
Goals/Objectives or Agenda

- Review the Changes to the AHIMA Standards of Ethical Coding
- Understand the key principles to having ethical coding
- Learn how to apply the AHIMA Standards of Ethical coding to your work environment
- Enhance your knowledge and improve your coding skills
- Discuss challenges aspects surrounding ethical coding

Background

ETHICAL

1. pertaining to right and wrong in conduct.
2. being in accordance with the rules or standards for right conduct or practice, especially the standards of a profession

UNETHICAL

1. lacking moral principles; unwilling to adhere to proper rules of conduct. 2. not in accord with the standards of a profession
Background (cont.)

IMPROPRIETY
- a failure to observe standards or show honesty or modesty; improper language, behavior, or character

COMPLAHCENCY
- feeling of quiet pleasure or security, often while unaware of some potential danger, defect, or the like; self-satisfaction or smug satisfaction with an existing situation, condition

Polling Question #1
Have you ever encountered and/or uncovered an unethical coding situation or action?
- Yes
- No
- Maybe
- Don’t know
Comment:
Background (cont.)

• Doing the right thing at the right time can be challenging.
• Ethical coding issues do come up.
• Ask yourself how do you handle them?
• Do you refer to the AHIMA Standards of Ethical Coding?
• How do you know if you are being ethical in your coding practices, etc.?
• Are you aware that the Standards have been updated?

Background (cont.)

• Identified a need to update the Standards of Ethical Coding.
• Within the last 8 years much has occurred in healthcare and HIM.
• AHIMA called for Volunteers to serve on a taskforce to review, revise the Standards of Ethical Coding.
  – Chair
  – Committee Members (across all settings and roles)
Background (cont.)

• During 2016 the AHIMA *Standards of Ethical Coding* from 2008 were reviewed and revised (updated) by a 25-member committee.
  - Representatives from all work settings, including academia. Meetings were held via WebEx conference calls
  - Taskforce met
  - April to November

• Reviewed other professional ethical standards:
  - HFMA
  - HCCA
  - AAPC
  - CPA

• Revised *Standards* were approved by the AHIMA House of Delegates (membership representatives) on 12/12/2016.
AHIMA Standards of Ethical Coding

• 12/2016 AHIMA Revised (Updated) Standards of Ethical Coding

AHIMA Standards of Ethical Coding 12/2016

• Introduction
• Definitions
• 11 Principles
• How to Interpret the Standards of Ethical Coding: Standards and Guidelines
• Footnotes
• Resources
Standards: 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.

Note: Bolded wording is made by the presenter.

Standards: Introduction (cont.)

- 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.
- Next slide...
Standards: Definitions

• 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 includes 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

Standards: Definitions (cont.)

• 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: 11 Principles

• Both the 2008 version and 2016 version have 11 principles.
• Both versions contain examples to support the principles and for the examples to explain the principles.

Standards of Ethical Coding: Principles

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.
Standards of Ethical Coding: Principles (cont.)

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.

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.

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.

Compare with 2008 Standards and 2016

2008
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.

2016
1. Apply accurate, complete, and consistent coding practices that yield quality data. (revised)
2. Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions. (revised)
### Compare with 2008 Standards and 2016

**2008**

1. 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. (revised)

2. 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). (revised)

3. Refuse to participate in, support, or change reported codes or the narratives of codes so that meanings are misrepresented. (formerly #5 & #6)

4. 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. (formerly #7)

### 2016

1. 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. (revised)

2. 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. (revised)

3. 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. (formerly #5 & #6)

4. 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. (formerly #7)
Compare with 2008 Standards and 2016 (cont.)

2008

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.

2016

7. Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements. (formerly #8)
8. Maintain the confidentiality of protected health information in accordance with the Code of Ethics. (formerly #10)
9. Refuse to participate in the development of coding and coding-related technology that is not designed in accordance with requirements. (new)

Compare with 2008 Standards and 2016 (cont.)

2008

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.

2016

10. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities. (formerly #11)
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. (formerly #9 & #10)
Standards and Guidelines

• The following ethical standards 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.

Standard and Guideline #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.
Standard and Guideline #1 (cont.)

- 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 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).

Standard and Guideline #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.
Standard and Guideline #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.

Standard and Guideline #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) 3

  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 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.
Standard and Guideline #4 (cont.)

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.

Standard and Guideline #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.
Standard and Guideline #5 (cont.)

- 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.

  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).

Standard and Guideline #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.
Standard and Guideline #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.

Standard and Guideline #8

Maintain the confidentiality of protected health information in accordance with the Code of Ethics.

• 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.
Standard and Guideline #9

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

• Coding professionals shall:
  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.

Standard and Guideline #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.
Standard and Guideline #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-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.
Standards: Footnotes

Footnotes
1. Code of Ethics, October 2, 2011
2. Ibid
3. Guidelines for Achieving a Compliant Query Practice (2016 Update)

Standards: 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
Polling Question #2

Now that we’ve carefully reviewed the Standards of Ethical Coding, will you now be able to identify actions, activities, or practices that would be unethical?

– Yes
– No
– Maybe
– Comment:

Challenges Aspects Surrounding Ethical Coding

• Official Coding & Reporting Guidelines
  – ICD-10-CM/PCS
  – CPT
• AHA ICD-10-CM/PCS Coding Clinic
• AMA CPT Coding Guidelines/Instructions
• AMA CPT Assistant
• Inconsistencies
• Unclear or Conflicting information
• Different interpretation
How to apply the AHIMA Standards of Ethical Coding

• Ask yourself the question “I’m I compliant with the Standards of Ethical Coding?”
• Ask the question: “Is my department or organization compliant with the Standards of Ethical Coding?”
• Once you’ve answered these... determine next steps.
• Awareness and education?
• Employee orientation and new hire orientation to the Standards.
• Ask or request that coding auditors utilize the standards.
• Request your organization acknowledge and embrace the AHIMA Standards.

How to apply the AHIMA Standards of Ethical Coding?

• Utilize the “Official” coding resources
• Seek advice when unsure. . .
• Review AHA Coding Clinic
• Review AMA CPT Assistant
• Attend education and conferences to enhance knowledge and understanding.
• Staff meetings and employee orientation
  – New hires
  – Staff meeting once a year
• Coding Roundtables
AHIMA Code of Ethics

- Code of Ethics 2011 Ethical Principles
- Ethical Principles: The following ethical principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members and certificants.
- A health information management professional shall:
  1. Advocate, uphold, and defend the individual’s right to privacy and the doctrine of confidentiality in the use and disclosure of information.
  2. Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, their peers, and to the health information management profession.
  3. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.
  4. Refuse to participate in or conceal unethical practices or procedures and report such practices.
  5. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.
  6. Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.
  7. Represent the profession to the public in a positive manner.
  8. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.
  9. State truthfully and accurately one’s credentials, professional education, and experiences.
  10. Facilitate interdisciplinary collaboration in situations supporting health information practice.
  11. Respect the inherent dignity and worth of every person.

Next Steps

- Take the Standards of Ethical Coding and SHARE them.
- Review and discussion at Staff Meeting.
  - Acknowledgement (signed)
- Encourage open dialog regarding questionable or unethical coding activities or actions
- When a new technology or process is being provided or implemented address the impact to coding and utilize the standards in this assessment process.
- Include in departmental policy.
Summary

• Review the newly revised Standards with your staff.
  – Staff Meeting
  – Each year
• Be familiar with the 11 principles.
• Note the “shall” and “shall not” language.
• Share with others as needed i.e., Mgmt., Rev Cycle, Compliance, CDI, etc.
• Utilize the Standards to help guide your coding ethical dilemmas and decision making.
• Attend the CHIA Conference in Sacramento (June).
  – We’ll cover this “Ethics” topic again in more detail!
  – Plan now

Question & Answer

• Any questions from attendees??
References

- http://www.dictionary.com/browse/ethical
- AHIMA 2016 Standards of Ethical Coding
- AHIMA Code of Ethics
- http://bok.ahima.org/doc?oid=105098#.WKN8Zz8zWHs
American Health Information Management Association Standards of Ethical Coding

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 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.

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

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.

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**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 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.
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 standards 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 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)³

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 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.

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.

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:

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-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

Revised and approved by the House of Delegates December 12, 2016.

Footnotes

1. Code of Ethics, October 2, 2011
2. Ibid.
3. Guidelines for Achieving a Compliant Query Practice (2016 Update)

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
Future CHIA Sponsored Programs

Ethical Coding Standards for the Healthcare Coding Professional Webinar
Wednesday, March 08, 2017

A Health Record Confidentiality & Release of Information
Wednesday, March 15, 2017 – Ontario, CA
Thursday, March 16, 2017 – Sacramento, CA

Providing Patient Access while Protecting Privacy
Tuesday, May 02, 2017 – South Location TBD
Wednesday, May 03, 2017 – North Location TBD

2017 CHIA Convention & Exhibit
Saturday, June 10 - Wednesday, June 14, 2017
Sacramento Convention Center & Hyatt Regency in Sacramento, CA

The 60-Day Rule: Reporting and Returning Overpayments Webinar
Wednesday, March 29, 2017

To register for these upcoming events and view complete program details please visit: http://californiahia.org/events-calendar

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