

AHIMA 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.

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.

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:

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