

# Coding Ethically

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With the many reimbursement issues and regulatory requirements surrounding coding, it is sometimes necessary for coders to refamiliarize themselves with what it means to code ethically. AHIMA's Coding Policy and Strategy Committee developed the Standards of Ethical Coding, which were approved by AHIMA's Board of Directors in 2000.<sup>1</sup> The standards were developed to help coders address these issues.

While it is recommended that all those performing coding functions follow the standards, credentialed coders are required to follow this code in order to maintain their credentials. Coders sometimes take for granted the ethical decisions they face on a daily basis. What are the standards and how should coders follow them? This article will present various situations and potential action items coders may engage in to abide by the Standards of Ethical Coding.

## The Standards

1. Coding professionals are expected to support the importance of accurate, complete, and consistent coding practices for the production of quality healthcare data.
2. Coding professionals in all healthcare settings should adhere to the ICD-9-CM (International Classification of Diseases, 9th revision, Clinical Modification) coding conventions, official coding guidelines approved by the Cooperating Parties, the CPT (Current Procedural Terminology) rules established by the American Medical Association, and any other official coding rules and guidelines established for use with mandated standard code sets. Selection and sequencing of diagnoses and procedures must meet the definitions of required data sets for applicable healthcare settings.
3. Coding professionals should use their skills, their knowledge of currently mandated coding and classification systems, and official resources to select the appropriate diagnostic and procedural codes.
4. Coding professionals should only assign and report codes that are clearly and consistently supported by physician documentation in the health record.
5. Coding professionals should consult physicians for clarification and additional documentation prior to code assignment when there is conflicting or ambiguous data in the health record.
6. Coding professionals should not change codes or the narratives of codes on the billing abstract so that meanings are misrepresented. Diagnoses or procedures should not be inappropriately included or excluded because payment or insurance policy coverage requirements will be affected. When individual payer policies conflict with official coding rules and guidelines, these policies should be obtained in writing whenever possible. Reasonable efforts should be made to educate the payer on proper coding practices in order to influence a change in the payer's policy.
7. Coding professionals, as members of the healthcare team, should assist and educate physicians and other clinicians by advocating proper documentation practices, further specificity, and resequencing or inclusion of diagnoses or procedures when needed to more accurately reflect the acuity, severity, and the occurrence of events.
8. Coding professionals should participate in the development of institutional coding policies and should ensure that coding policies complement, not conflict with, official coding rules and guidelines.
9. Coding professionals should maintain and continually enhance their coding skills, as they have a professional responsibility to stay abreast of changes in codes, coding guidelines, and regulations.
10. Coding professionals should strive for optimal payment to which the facility is legally entitled, remembering that it is unethical and illegal to maximize payment by means that contradict regulatory guidelines.<sup>2</sup>

Coding compliance plans usually include AHIMA's standards, and coders agree that coding behaviors should follow accordingly. However, what does this mean when performing the day-to-day coding tasks, when records are on your desk waiting to be coded? You know that a coding backlog is building due to various open positions, and your supervisor informs you that the current productivity standards are being reviewed for a potential increase. You have just received the latest edition of *CPT Assistant*, but it, along with the previous issue, remains unopened and unread on your desk.

The ethical standards are a part of these everyday situations and should provide a guide when making decisions on how to handle these events. Assessment of coder performance should take into account adherence to each of these standards.

## Case Study

A Medicare patient presents to the laboratory for a complete blood count but forgets to bring the physician's order. Registration calls the physician's office, and they fax over the physician's order. However a diagnosis is not present on the order. When the encounter is ready for coding, the coder must query the physician for more documentation. The coder also knows that the test is covered by a local coverage determination, so the coder asks the physician to provide a medically necessary diagnosis. What standards does this violate?

The coder in this situation violates multiple standards:

**Standard 4.** Coding professionals should only assign and report codes that are clearly and consistently supported by physician documentation. It is not appropriate to refer to coverage determinations to pinpoint diagnoses that support medical necessity, nor is it acceptable to pick up diagnoses from prior records if they are not documented in the current visit record. This would be an example of a leading query. All HIM departments should carefully review their physician query forms to ensure that they comply with AHIMA's practice brief "Developing a Physician Query Process," which can be found online in the FORE Library: HIM Body of Knowledge at [www.ahima.org](http://www.ahima.org).

**Standard 5.** Coding professionals should consult physicians for clarification of conflicting or ambiguous data.

**Standard 6.** Diagnoses or procedures should not be inappropriately included or excluded because payment or insurance policy coverage requirements will be affected.

## Out of Compliance?

The second standard states that coding professionals in all settings should adhere to the ICD-9-CM and CPT coding conventions as published by the cooperating parties for ICD-9-CM and American Medical Association, respectively. While this appears to be basic, coders may often be out of compliance with this standard, which occurs in the following situations:

- Misidentification of the principal diagnosis that results in an inaccurate Diagnosis Related Group (DRG) assignment
- Misassignment of a CPT code that reports a procedure more complex than actually performed, resulting in a higher-weighted Ambulatory Payment Classification (APC)
- Assignment of multiple CPT codes when only one is necessary to obtain higher APC reimbursement

Coding professionals are also responsible for maintaining continuing education through a variety of methods, the most common being seminars, audio seminars, or quizzes. However, coding professionals need to be responsible for reviewing the official sources of coding advice, *Coding Clinic for ICD-9-CM* and *CPT Assistant*. The department management is responsible for making these resources available to all coders, but coders are responsible for reading them. The "Minutes of the Coordination and Maintenance Committee for ICD-9-CM" and the book *CPT Update: An Insider's View* are excellent resources to understand the rationales behind the coding changes. If a coder does not comply with the above, he or she would be violating both standards 3 and 9.

The final standard of ethical coding states that coding professionals should strive for optimal payment to which the facility is legally entitled. This means the appropriate reimbursement for the services rendered, paid as expeditiously as feasible. Acute care inpatient facilities failing to validate DRG assignments are not only demonstrating poor revenue cycle management but also violating this standard by not verifying proper reimbursement.

## Potential Violations

Pamela R. Yokubaitis's article "Are Ethics Guiding Your Workplace?" quotes Michael Daigneault's eight "reasons" that people give for ethical lapses:

- I have to cut corners to meet my goals.

- I lack the time or resources to do what is right.
- My peers expect me to act this way.
- My superiors want results, not excuses.
- I don't think it is really wrong or illegal.
- Others would think that it is a good choice.
- No one will ever know the difference.
- I am afraid to do what I know is right.<sup>3</sup>

Do not let yourself fall into one of these categories. Be knowledgeable of the standards and how they influence your professional career. If a violation of these standards occurs, AHIMA has a process for reporting the allegations. A completed and signed form is submitted to AHIMA by either another AHIMA member, HIM professional, employer, or regulatory agency representative within one year of the alleged violation. A professional conduct committee has a complaint review subcommittee review the allegation. This subcommittee may either dismiss the case, proceed with an additional investigation, or proceed with a formal hearing. Various disciplinary actions could occur ranging from a letter of complaint dismissal to revocation of certification.

Coders will be faced with ethical challenges most days, and it is important to know the standards and how they apply in order to make the best decisions possible when solving your ethical dilemmas.

## Notes

1. AHIMA. "Standards of Ethical Coding." *Journal of AHIMA* 71, no. 3 (2000): insert.
2. Ibid.
3. Yokubaitis, Pamela R. "Are Ethics Guiding Your Workplace?" *Journal of AHIMA* 74, no. 8 (2003): 66–68.

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