

# Code of Ethics

# Code of Ethics

## Reasons to revise the Code:

- Need to strengthen Code
- Update to current practice
- Use as a tool for educating members
- Reflect current business climate

# Revision Process

- Revised last in 1998
- Reviewed other Associations' Codes
  - National Social Workers Association
  - American Physical Therapy Association
  - American Nurses Association
  - American Medical Association
  - International Medical Informatics Association

# Revised Code

- Based on the core values of AHIMA.
- Applies to all health information management professionals.
- Developed to help members in their professional lives.

# Adoption

The Code of Ethics and How to Interpret the Code of Ethics were adopted by the House of Delegates on July 1, 2004.

# Code of Ethics Document

Consists of two elements:

- Code of Ethics--11 principles
- How to Interpret the Code of Ethics

# Code of Ethics

Consists of:

- Preamble
- Professional Values
- Purpose of the AHIMA Code of Ethics
- The Use of the Code

# Six Purposes of the Code

- Identifies HIM mission-based professional core values.
- Summarizes broad ethical principles to guide decision-making and actions.

## **Six Purposes of the Code, cont.**

- **Helps HIM professionals in conflict resolution.**
- **Provides ethical principles for accountability.**

# Six Purposes of Code, cont.

- Orient new practitioners.
- Articulates guidelines to evaluate conduct.

# Behavioral Guidelines

The **shall** and **shall not** guides are statements provided to clarify behaviors and situations that apply to the ethics principles.

# Principle IV

Discussion of Principle IV as an Example

*Principle IV*

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

## Guideline 4.6

*Health information management professionals shall not:*

*4.6 Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A noninclusive list of examples includes:*

# Guideline 4.6

## *Examples:*

- *Allowing patterns of retrospective documentation to avoid suspension or increase reimbursement*
- *Assigning codes without physician documentation*
- *Coding when documentation does not justify the procedures that have been billed*

## Guideline 4.6 cont.

- *Engaging in negligent coding practices*
- *Hiding or ignoring review outcomes, such as performance data*
- *Allowing inappropriate access to genetic, adoption, or behavioral health information*
- *Violating the privacy of individuals*

# AHIMA Standards of Ethical Coding

- Approved September 2008 by HOD
- Based on the 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.

# Case Study

- Hospital A is scheduled for a regulatory review. Various medical records are being reviewed by clinical personnel to determine if documentation standards are being met. HIM professionals oversee this review. During the review, many data elements are noted as missing such as times, dates, and signatures. The clinical personnel decide to add this information retrospectively upon receiving a directive from the Chief Nursing Officer.

# Core Ethical Questions

- Should I condone these actions by the clinical personnel?
- What should I do since everyone wants to pass the regulatory review?
- What is the best action, given the competing interests, obligations and values?

# Thank You!

© Copyright AHIMA 2009



© 2009