STANDARDS FOR ETHICAL CONDUCT IN CLINICAL CODING

To ensure national consistency in coding practice, the Standards for Ethical Conduct in Clinical Coding have been developed to provide guidance in defining and promoting ethical practices associated with clinical coding undertaken by Clinical Coders and/or Health Information Managers.

These standards should also assist other related health care administrators/stakeholders to understand the ethics surrounding the process of clinical coding.

Ethical practices are core to the clinical coding role to ensure the integrity of coded clinical data at a national level. Those performing the clinical coding function should endeavour to uphold the Standards for Ethical Conduct in Clinical Coding in all situations related to the collection and use of health information within the health care facility or organisation.

The Standards for Ethical Conduct in Clinical Coding applies regardless of the type of facility or organisation, level of authority within the facility or local coding protocols.

Ethics in Clinical Coding Practice

A clinical coder should:

- Ensure that they have access to all the relevant clinical information (electronic or paper-based) to undertake the abstraction and coding processes

- Ensure that the documentation within the clinical record justifies selection of diagnoses and intervention codes, consulting clinicians as appropriate

- Apply the *Australian Coding Standards* (ACS) and other official reporting requirements[1] for the purpose of:
    o abstracting diagnoses and procedures using the entire clinical record
    o selecting and sequencing diagnosis and procedure codes

- Participate (as required) in interdisciplinary engagement for the purpose of **clarification** of diagnostic or interventional detail or ambiguity in clinical documentation, and improve clinician understanding of the role of a clinical coder in the health setting. This may be via one-to-one interactions, team meetings, education sessions, publications or presentations.

A clinical coder should not:

- Code diagnoses/interventions without supporting documentation for the purpose of 'maximising' hospital reimbursement. 'Maximising' for reimbursement is **not** an ethical practice.
    o 'maximising' is defined as undertaking a practice not based on fact (ie addition or alteration of codes for conditions not documented within the clinical record), for the sole purpose of increasing reimbursement
    o this is not to be confused with 'optimisation' which is defined as using all documentation within the clinical record to achieve the best outcome.
- Omit diagnoses/interventions for the purpose(s) of minimising financial loss, or legal liability.
- Use the interdisciplinary engagement process inappropriately. This includes:
    o prompt or use leading questions for purposes of 'maximising' reimbursement
    o use details for potential financial gain as part of a clinician query process
    o seek additional documentation for conditions not already apparent in the existing clinical documentation. This includes use of pathology or radiology results as a basis for a clinician query.
- Submit to pressure from others to manipulate coded data for any purpose.

Ethics in Clinical Coding Quality and Education

A clinical coder should:

- Participate in quality improvement activities to ensure that the quality of coding supports the use of data (such as for research, health care management and planning, evaluation and reimbursement).

- Assist in the application of ethical coding protocols, including demonstration of courtesy towards, and mutual respect for, colleagues, and accountability for the individuals' work.

- Participate in ongoing education to ensure that clinical coding skills and clinical knowledge meet the appropriate level of competence for the health care/organisational setting.

- Contribute (where appropriate) to ongoing development of classification systems in conjunction with appropriate coding and clinical experts[2].

- Participate in developing and strengthening of the clinical coding profession through supporting peers and networking with others interested in health information management, including non-traditional clinical coding/HIM activities (eg private health funds or casemix units).

Ethics in Clinical Coding and Legal Requirements

A clinical coder should:

- Observe policies and legal requirements regarding privacy, confidentiality, disclosure and security of patient related information.

- Refuse to participate in, or conceal, illegal or unethical processes or procedures.

Notes:

1. Reporting requirements may be set by:
   - states and territories (eg state data definitions)
   - national bodies through publications such as *METeOR: Metadata Online Registry, Australian Coding Standards* and other Australian Consortium for Classification Development (ACCD) publications.

2. Involvement may be achieved through dialogue with ACCD and other organisations associated with health classification (such as, but not limited to, state coding advisory committees).