

Application of the ACCD Standards for ethical conduct in clinical coding

March 2017

Background

In December 2016 the ACCD published Standards for ethical conduct in clinical coding on the ACCD website, which is effective from that time. The ACCD's Code of ethics presentation that was given at the 2016 HIMAA conference was also published.

The ACCD intends to provide further education on the interpretation of the Standards for ethical conduct in clinical coding alongside the provision of Tenth Edition education.

The Victorian ICD Coding Committee (VICC) has published this article to supplement, not replace the Standards for ethical conduct in clinical coding. This supplement highlights some of the Standards that may result in a change of practice for some Victorian clinical coders when writing documentation queries.

Ethical standards apply to:

- (a) Whether the query should be written in the first place, and
- (b) How to write the actual query question.

Documentation queries should be written in ways that:

- Include information about the patient and direct reference to the documentation that has prompted the query along with reference to any relevant ACS
- Do not include leading questions that instruct or indicate to a clinician what to write as a response
- Do not indicate potential financial impact
- Enhance the clinical truth of the documentation to support excellent patient care
- Are written in an open-ended or multiple choice answer format

If written in a multiple choice answer format, the query should:

- Provide as many feasible options as possible AND
- Provide an option if the clinician cannot answer the question (unknown/unable to clarify) AND
- Provide an option for an alternative response (other – please specify)

Queries created from pathology/radiology results

Queries involving abnormal pathology/radiology results are considered ethical when they are prompted in some way by other documentation in the record. This may include, but is not limited to, documentation of the need to repeat tests, progress notes indicating intent to monitor a result, or administration of treatment on the medication chart.

Do not use a single pathology/radiology result in isolation to initiate a query OR use the presence of multiple test results as evidence of increased monitoring of a condition.

Examples of ethical and unethical queries

Example 1

Ethical query	Unethical query
<p>Patient underwent total knee replacement on 11/08/2016.</p> <p>Patient noted to have decreased air entry to both bases by dr (progress note 12/08/2016 21:45). There is documentation of (arrow down) AE by physio on 13/08/2016 08:50 with cough/breathing exercises and tri flo commenced.</p>	<p>Patient underwent total knee replacement on 11/08/2016.</p> <p>Patient noted to have decreased air entry to both bases by dr (progress note 12/08/2016 21:45). There is documentation of (arrow down) AE by physio on 13/08/2016 08:50 with cough/breathing exercises and tri flo commenced.</p>
<p>What condition, if any, caused the decreased air entry and was being treated by the cough/breathing exercises and tri flo?</p>	<p>Did the patient have either of the following that required increased monitoring beyond routine care and/or treatment by chest physio?</p> <p>atelectasis</p> <p>other condition – please specify</p>

Note: In example 1, a query was initiated because commencement of treatment for which no diagnosis was documented. Reference to decreased air entry in the background to the query allows the clinician to have all pertinent information at hand when responding.

Example 2

Ethical query	Unethical query
<p>Patient was admitted for laparoscopic appendectomy for acute appendicitis. The patient commenced new medication of Slow K on 3/4, as documented on the medication chart. Pathology results from the 1/4, 2/4, 3/4 and 4/4 show K+3.1, K+3.1, K+3.4 and K+3.5 respectively.</p>	<p>Patient was admitted for laparoscopic appendectomy for acute appendicitis. The patient commenced new medication of Slow K on 3/4, as documented on the medication chart. Pathology results from the 1/4, 2/4, 3/4 and 4/4 show K+3.1, K+3.1, K+3.4 and K+3.5 respectively.</p>
<p>Why was this patient commenced on Slow K? OR Why was this patient commenced on Slow K? Treatment of hypokalaemia Prophylaxis for hypokalaemia Other condition, please specify Unknown/unable to determine</p>	<p>Did this patient have hypokalaemia? Yes/No</p>

Note: In example 2, a query was initiated because of commencement of a new medication for which no indication was documented. Reference to the pathology results in the background to the query allows the clinician to have all pertinent information at hand when responding.

Example 3

Unethical query
<p>Patient underwent total knee replacement on 11/08/2016.</p> <p>Patient has pre-op Hb 118 10/08 (progress note 11/08/16 18:15). Patient had a blood loss of 400ml intra op (232 recovered; see i/op salvage form).</p> <p>Hb was 102 on 11/08, 107 on 12/08 and 99 on 13/08 (see progress note 13/08 11:15).</p>
<p>Can you please clarify:</p> <p>(a) Did this patient have acute blood loss anaemia Yes/No</p> <p>(b) If yes, did it require increased monitoring e.g. through the repeat bloods on the 11/08, 12/08 & 13/08? Yes/No</p>

Note: In example 3, both writing the query in the first place and the query questions are considered to be unethical.