



ACDIS Code of Ethics (2024 Update)

POSITION PAPER

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Summary: The Association of Clinical Documentation Integrity Specialists (ACDIS) Code of Ethics provides core values and broad ethical principles that professionals can aspire to and use when choosing a course of action in a professional situation.

The ACDIS Code of Ethics serves as a standard to which CCDS or CCDS-O credential holders are expected to adhere and offers guidance to all healthcare professionals who impact health record documentation regarding code assignment, reimbursement, medical necessity, professional billing, and quality reporting, including complications and mortalities.

The ACDIS Code of Ethics is intended to assist professionals in their decision-making processes and actions by outlining expectations for making ethical decisions in the workplace. This document's standards are relevant to all CDI professionals, regardless of the healthcare setting in which they work or whether they are members of ACDIS. Adherence to these standards ensures public confidence in the integrity and service of ACDIS and its members.

CDI professional values are:

- Honesty and integrity
- Actions that bring honor to self, peers, and the profession as a whole
- Commitment to continuing education and lifelong learning

CDI professionals, including ACDIS members and ACDIS credential holders (CCDS, CCDS-O) agree to maintain the highest standard of personal and professional conduct and to respect the rights of patients, clients, employers, and all other colleagues.

Ethical Principles

CDI professionals shall:

1. Put service and the health and welfare of all people before self-interest and engage in conduct that brings honor to themselves, their peers, and the CDI profession.
 - a. Act with integrity; behave in an honest, trustworthy manner.
 - b. Promote high standards of professional practice in every setting.
 - c. Ensure a working environment that avoids conflicts of interest and complies with the ACDIS Code of Ethics.
 - d. Take steps to eliminate any conditions within their organization that violate, interfere with, or discourage compliant practices.

2. Use only legal and ethical means in all professional dealings and refuse to cooperate with, or condone by silence, the actions of those who engage in fraudulent, deceptive, or illegal acts.
 - a. Be informed of industry best practices and standards of ethical practice.
 - b. Be knowledgeable about organizational policies and procedures related to compliance and the reporting of any concerns to the proper channels.
 - c. Strive to maintain and enhance ethical and compliant CDI practices and take measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.
 - d. Never condone or participate in directing physicians to document in a manner that is solely based upon providing financial or quality reporting impact.
 - a. Never engage in negligent documentation or coding practices, including misstating or misusing official coding guidelines.
 - a. Comply with the *ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice*.
3. Preserve, protect, and secure personal health information in every form or medium and hold in the highest regard the contents of patient records and other confidential information.
 - a. Follow the Health Insurance Portability and Accountability Act (HIPAA) guidelines to compliantly secure patient information in every form (written, verbal, electronic, etc.).
 - b. Follow organizational policies and procedures related to patient confidentiality.
 - c. Take reasonable steps to ensure that patients' health records are maintained in a secure location and unavailable to unauthorized personnel.
 - d. Seek guidance to ensure protection of patient health information and/or report any concerns or vulnerabilities as appropriate.
4. Support the accurate reporting of all healthcare data elements (e.g., diagnoses, procedures, and present on admission indicators) required for external reporting purposes (e.g., reimbursement, population health, quality and patient safety, measurement, and research) in accordance with regulatory requirements.
 - a. Adhere to official guidelines established for use of mandated code

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- sets.
- b. Seek clarification of unclear, imprecise, conflicting, incomplete, or ambiguous information in the health record using compliant provider query practices as defined by the ACDIS/AHIMA *Guidelines for Achieving a Compliant Query Practice*.
 - c. Participate in the development of organizational and departmental policies and procedures that support regulatory, legal, and ethical standards for coding and reporting.
5. Advance their specialty knowledge and practice through continuing education, research, and professional development activities.
 - a. Base practice decisions on recognized knowledge, including empirical knowledge relevant to CDI and CDI ethics.
 - b. Develop and continually enhance their professional expertise, knowledge, and skills through appropriate education, research, training, consultation, and supervision.
 6. Contribute to the development of the CDI profession, its body of knowledge, and the ACDIS community.
 - a. Contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the CDI profession. These may include, but are not limited to:
 - i. Mentoring colleagues.
 - ii. Assisting with research.
 - iii. Participating in professional organizations or other activities that contribute to the profession’s body of knowledge.
 7. Facilitate accurate, complete, and consistent clinical documentation within the health record to support the collection of high-quality, reliable healthcare data.
 - a. Work collaboratively with other disciplines and healthcare professionals to facilitate documentation for the reporting of appropriate diagnoses and procedures.
 - b. Develop and comply with policies, procedures, and practices that support accurate code capture and identify practices to be avoided, such as upcoding or undercoding.
 8. Facilitate interdisciplinary collaboration to support CDI practice, the organization’s goals, and patient outcomes.
 - a. Participate on their organization’s committees and in activities related

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- to CDI practice or their expertise.
 - b. Clearly establish the professional and ethical obligations of the interdisciplinary team as well as its individual members.
 - c. Seize opportunities to educate other disciplines on the mission, focus, and impact of CDI practice, both locally and within the greater healthcare community.
9. Regularly seek and utilize reliable data to improve personal and professionwide CDI practices.
- a. Establish and utilize performance metrics and key performance indicators to identify opportunities and potential vulnerabilities.
 - b. Willingly accept constructive feedback and respectfully offer guidance to others as needed.
10. Respect the inherent dignity and worth of every person.
- a. Treat each person in a respectful fashion, being mindful of individual differences and cultural and ethnic diversity.
 - b. Promote the value of self-determination for each individual.

Application of the Code of Ethics

The ACDIS Code of Ethics outlines aspirational principles and guidelines. It is meant to reflect the commitment of all individuals, agencies, organizations, and bodies allied with the association to uphold the profession’s values.

The Code of Ethics does not provide a set of rules prescribing how to act in all situations. Any application of the code must consider the context of the situation and the possibility of conflicts among the code’s values, principles, and guidelines. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional. Further, the ACDIS Code of Ethics does not specify which values, principles, and guidelines are the most important and ought to outweigh others in instances of conflict.

How Do I Address Ethical Concerns?

To address ethical concerns, reference industry information and/or resources from reliable organizations related to your practice and the associated concern. This may include ACDIS, the American Health Information Management Association (AHIMA), the Agency for Healthcare Research and Quality (AHRQ), the American Nurses Association (ANA), the American Medical Association (AMA), etc. Also review organizational policies and practices, and follow your organization’s established processes for escalating compliance concerns.

Generally, you should first approach your departmental leadership with your concern and ask for clarification regarding potential actions. If you feel

uncomfortable calling attention to the issue at this level, you can submit a summary of your concern to the corporate compliance officer. Often this can be done anonymously.

Acknowledgments

- *ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice—2022 Update*: <https://acdis.org/resources/guidelines-achieving-compliant-query-practice—2022-update>
- *ICD-10-CM Official Guidelines for Coding and Reporting*
- *ICD-10-PCS Official Guidelines for Coding and Reporting*
- Adapted with permission from AHIMA:
 - *AHIMA Code of Ethics*
 - *AHIMA Standards of Ethical Coding*
 - AHIMA’s position statement on quality health data and information
 - AHIMA’s position statement on data stewardship

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Scenarios/Questions Regarding Application of Ethical Principles

1. *A CDI manager performs annual reviews of query policies to ensure adherence to the ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice. They also provide annual education related to query compliance, offering examples of what to do and what not to do when writing queries. Staff are educated on the proper pathways for reporting any compliance concerns. Additionally, staff are required to attend both policy review and education sessions and are encouraged to ask questions if they require further guidance. The department’s compliance plan includes an audit schedule to spot-check individual staff query compliance, providing regular feedback and corrective action as needed.*

These activities support Ethical Principles 2, 4, and 5.

2. *Given the expansion of Medicare Advantage programs and the focus of Hierarchical Condition Category (HCC) capture in the identification of expected financial expenditure for patient care, CDI programs are now focusing on major complication or comorbidity (MCC), complication or comorbidity (CC), and HCC capture. Is there an ethical concern related to this program focus?*

There is no compliance concern related to this practice (see Ethical Principles 2 and 4). Given that most CDI programs initially focus on the highest-impact populations (i.e., those with associated monetary impact), and given that the Centers for Medicare & Medicaid Services (CMS) focuses

on the proper coding and reimbursement of Medicare Severity Diagnosis-Related Group (MS-DRG) payers, this practice may be practical and appropriate. As a best practice, a CDI department's long-term plan should be to expand from a purely financial focus to the overall accuracy of all provider documentation within the identified departmental and organizational scope, regardless of whether reimbursement is affected.

Whatever the focus of their department, in line with the Code of Ethics, CDI staff should participate in the creation of query processes to ensure that the practice is compliant with current ACDIS/AHIMA physician query practice briefs, guidelines from the Cooperating Parties, Current Procedural Terminology (CPT®) rules established by the AMA, and any other official coding rules and guidelines established for use with mandated standard code sets.

“CDI policies should be designed to promote complete documentation, regardless of impact on reimbursement, quality measure reporting, or other initiatives.”

3. *A CDI specialist is assigned to review inpatient admissions on the cardiology unit. While reviewing the pending list of admissions, she notes her neighbor was admitted to the oncology unit the day before. She opens the health record and starts a review of her neighbor's account. Would this be considered unethical?*

Per Ethical Principle 3, the CDI professional should preserve, protect, and secure personal health information and hold in the highest regard the contents of patient records and other confidential information. She should follow HIPAA guidelines and organizational policies related to the confidentiality of patient health information. If she is not assigned to review this record, she should not access it.

4. *A CDI specialist identifies a clarification need but notes that if they query the physician, the likely answer will trigger the reporting of a Patient Safety Indicator (PSI). They decide not to submit the query due to the potential negative outcome. Is there an ethical concern related to this decision?*

There is an ethical concern related to Ethical Principles 4 and 7. CDI policies should be designed to promote complete documentation, regardless of impact on reimbursement, quality measure reporting, or other initiatives. Queries should be submitted to the provider for clarification when documentation in the health record is illegible, incomplete, unclear, inconsistent, or imprecise, without concern for the potential impact.

5. *A CDI specialist identifies a process at their organization in which physician advisors respond to CDI queries on all patients, not just those they provide direct care to. For each query, the physician advisors either answer it themselves or contact the query's associated provider and instruct them on how to answer it. The CDI specialist is concerned about the compliance of this practice and is considering whether to speak with leadership. Is there an ethical concern related to this physician advisor practice?*

There is an ethical concern related to Ethical Principles 2, 4, 7, and 8. According to the *Official Guidelines for Coding and Reporting*, the term *provider* is defined as a “physician or any qualified healthcare practitioner who is legally accountable for establishing the patient’s diagnosis.” The *CMS State Operations Manual, Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, §482.24(c)(1)* states, “All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.” Therefore, the CDI specialist’s concern is valid and should be escalated through the proper channels for further investigation and correction as needed.

6. *A CDI specialist is directed to order nutrition and wound care consults based solely on the CDI review and prior to submitting any queries to the providers. The CDI specialist is concerned about compliance and wonders whether they should discuss the practice with leadership. Is there an ethical concern related to this practice?*

There is a potential ethical concern related to this practice, specifically regarding Ethical Principles 4 and 9. CDI roles and responsibilities should be clearly defined and outlined in internal policies to ensure there is no conflict of interest. There are no direct patient care activities or assessments included within CDI responsibilities, and the appropriateness of such interventions should be considered. Organizations should consider the ethical implications of combining referral, payer communication, and/or other outside responsibilities with a role that has such a deep understanding of coding and reimbursement rules for each patient. The CDI specialist is correct that this practice should be investigated.

What is an ACDIS Position Paper?

An ACDIS Position Paper sets a recommended standard for the CDI industry to follow. It advocates on behalf of a certain position or offers concrete solutions for a particular problem. All current members of the ACDIS Advisory Board must review/approve a Position Paper and are encouraged to materially contribute to its creation.