

## Case Study V. Interpersonal Relationships

In a large, for-profit, multi-specialty clinic, strong emphasis is placed on optimizing revenue opportunities for private payer patients. The coding supervisor, a Registered Health Information Technician (RHIT) and Certified Coding Specialist (CCS), has informed the coding staff they must consistently assign E&M codes at a higher level than the documentation supports. One of the coders, also credentialed as a CCS, has expressed her concerns about the appropriateness of this direction. The coding supervisor has indicated that the concern or criticism is unwelcome and has implied the coder should perhaps seek employment elsewhere if she has concerns. However, this is the only healthcare facility within the community, and the coder is a single parent with financial responsibilities for her family. Is there an ethical violation, dilemma, or concern?

In this scenario, there is an ethical concern. This scenario indicates that the coding supervisor's focus is on increasing revenue, at the expense of actual documentation to support the codes assigned. She clearly does not value the coding staff's comments, as evidenced by her response that her criticism is unwelcome and the implication of seeking another job. The coder must realize that any liability for incorrect coding may be borne by her and the clinic. Therefore, she should be wary of complying with the coding supervisor's directions to code records inappropriately.

1. *What was the AHIMA member's actions that resulted in an ethics violation being brought forward?*

From the scenario, it appears the instructions are intentional and would result in financial gain for the clinic.

2. *What AHIMA Ethical Code has been violated?*

The principles and guidelines this member possibly violated include:

Principle 1. Put service and the health and welfare of persons before self-interest and conduct themselves in the practice of the profession so as to bring honor to themselves, their peers, and to the health information profession.

Principle 4. Refuse to participate in or conceal unethical practices or procedures and report such practices.

Guideline 4.8. A health information management professional shall not: Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception.

Principle 12. Facilitate interdisciplinary collaboration in situations supporting ethical health information principles.

Guideline 12.3. Foster trust among group members and adjust behavior in order to establish relationships with teams.

3. *What is the potential harm to the organization or AHIMA as a result of the act?*

The harm is multifold. The clinic risks financial and reputational harm, which may result in sanction by external regulatory forces; there is harm to individual coders who are asked to sacrifice correct coding standards to comply with a request to inappropriately increase revenue; and there is harm to the HIM profession and to AHIMA as both the supervisor and coder are credentialed and represent the profession and its ethical standards.

4. *What is the status of the AHIMA member's training, education, and awareness of the AHIMA Code of Ethics?*

The scenario indicates that the credentialed coder is aware of her responsibilities under the AHIMA Code of Ethics and [Standards of Ethical Coding](#) and troubled by the lack of compliance with the Code. It appears from the scenario that the coding supervisor is aware that her instructions are not in compliance with the Code (example, the discussion of unwelcome criticism and the suggested potential job change) but is insistent upon the instructions regardless of the Code.

Resolution: The coding supervisor member needs to be informed that her direction to coders regarding the assignment of codes without documentation substantiating the codes to increase revenue is a fraudulent activity of the organization. The coding supervisor is at risk of having her credential revoked.