



CLINICAL CODING PRACTICE FRAMEWORK

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- Chris Moser

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Responsibility for the Framework's future maintenance and development lies with HIMAA and is shared with the CCSA. All enquiries or suggestions for amendment or improvement of the document should be addressed to HIMAA c/- himaa@himaa.org.au.

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Background

This Framework was developed from the Standards for Ethical Conduct in Clinical Coding, an appendix within the Australian Coding Standards¹, by the Health Information Management Association of Australia's Practice Quality and Safety Standards Committee with input from the President of the Clinical Coders' Society of Australia. Stakeholder feedback from a consultation period between August 2018 and August 2019 was also considered, including a symposium on 5 March 2019 in Sydney.

This was in response to the transfer of stewardship of the Standards for Ethical Conduct in Clinical Coding (now known as the Clinical Coding Practice Framework) to the Health Information Management Association of Australia (HIMAA) by the Independent Hospital Pricing Authority (IHPA) at the beginning of 2018.

Introduction

To support national consistency in clinical coding practice, the Clinical Coding Practice Framework has been developed to provide guidance in defining and promoting good practices for those involved in the clinical coding process (e.g. clinical coders, clinical documentation improvement specialists, clinical coding auditors, health information managers, and managers (at all levels) of the clinical coding process).

Specifically, this Practice Framework is to be used by those involved in the production of coded clinical data to ensure the integrity of the data for use in patient safety and quality, research, epidemiology, health care management and planning, evaluation and reimbursement.

The Framework also assists other related health care administrators/stakeholders to understand good practice surrounding the process of clinical coding (e.g. those working in clinical roles, hospital performance units, finance units and hospital executive/management).

The Framework should be adopted and/or applied in any type of health care facility or organisation undertaking the clinical coding function. It is not intended for the purposes of coding audit.

Clinical Coding and Legal Requirements

Those involved in the clinical coding process must:

- Protect the confidentiality of all information obtained in the course of service provision

1. Australian Consortium for Classification Development, 2017, Australian Coding Standards for the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification, Tenth Edition and the Australian Classification of Health Interventions, Independent Hospital Pricing Authority, Australia.

- Respect confidential information shared by colleagues in the course of professional relationships and transactions
- Disclose only information that is directly relevant or necessary to achieve the specific purpose of an instance of disclosure.
- Be aware of, uphold and comply with local, State, Territory and Commonwealth policies and legal requirements regarding privacy, confidentiality, disclosure and security of patient related information.
- Ensure work-related information privacy and confidentiality policies are enacted.

Clinical Coding Practice

Good practices are core to the clinical coding process to ensure the integrity of coded clinical data at a national level. Those involved in the clinical coding process should endeavour to uphold this Clinical Coding Practice Framework in all aspects of their role. The Framework consists of the practices detailed below

Those involved in the clinical coding process should:

- Endeavour to have access to all the relevant clinical information (electronic or paper-based) to undertake the abstraction and clinical coding process.
- Ensure that the assignment of diagnoses and intervention codes is justified by documentation relevant to the episode of care.
- Apply the classification conventions, the Australian Coding Standards (ACS) and other official reporting requirements² for the purpose of abstracting, classifying and sequencing diagnoses and intervention codes to accurately reflect the clinical truth of the patient's episode of care.
- Participate in interdisciplinary engagement for the purpose of clarification of diagnosis or intervention detail or of ambiguity in clinical documentation.
- Improve clinician understanding of the roles of those involved in the clinical coding process. This may be via one-to-one interactions, team meetings, education sessions, publications or presentations.

Those involved in the clinical coding process must not:

- Assign diagnoses or intervention codes without supporting documentation relevant to the episode of care as defined in the current edition of the ACS.

2. Reporting requirements may be set by states and territories (e.g. state data definitions) and/or national bodies through publications such as METeOR: Metadata Online Registry, Australian Coding Standards and other classification maintenance and development publications (e.g. Coding Rules).

- For the purpose(s) of minimising financial loss or legal liability:
 - Omit or assign diagnosis or intervention codes;
 - Amend or influence other data items such as the assignment of the Condition Onset Flag.
- Use the interdisciplinary engagement process inappropriately. This includes:
 - prompting or using leading clinician documentation queries that instruct or indicate a desired response from a clinician;
 - use details for potential financial gain or avoidance of financial loss as part of a clinician documentation query process.
- Participate in processes that prevent a patient's episode of care from being reported accurately.
- Submit to pressure from others, or apply such pressure, to manipulate coded clinical data or other related data for any purpose that misrepresents the patient's episode of care or prevents adherence to classification conventions, Australian Coding Standards and other official reporting requirements.

Appropriate Clinician Documentation Queries

If the documentation within the health care record is inadequate for complete and accurate classification, those involved in the clinical coding process should seek more information from the clinician. This should be undertaken using an appropriately formulated clinician documentation query.

Clinical Coding Quality and Education

Those involved in the clinical coding process should:

- Participate in quality improvement activities to ensure the quality of clinical coded data.
- Assist in the development and application of appropriate clinical 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 classification and clinical experts³.
- Participate in developing and strengthening of the clinical coding workforce through supporting peers and networking with others interested in the management of health information and clinical coding.

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3. Involvement may be achieved through dialogue with organisations, groups, committees associated with developing and maintaining health classifications (such as, but not limited to, state coding advisory committees).