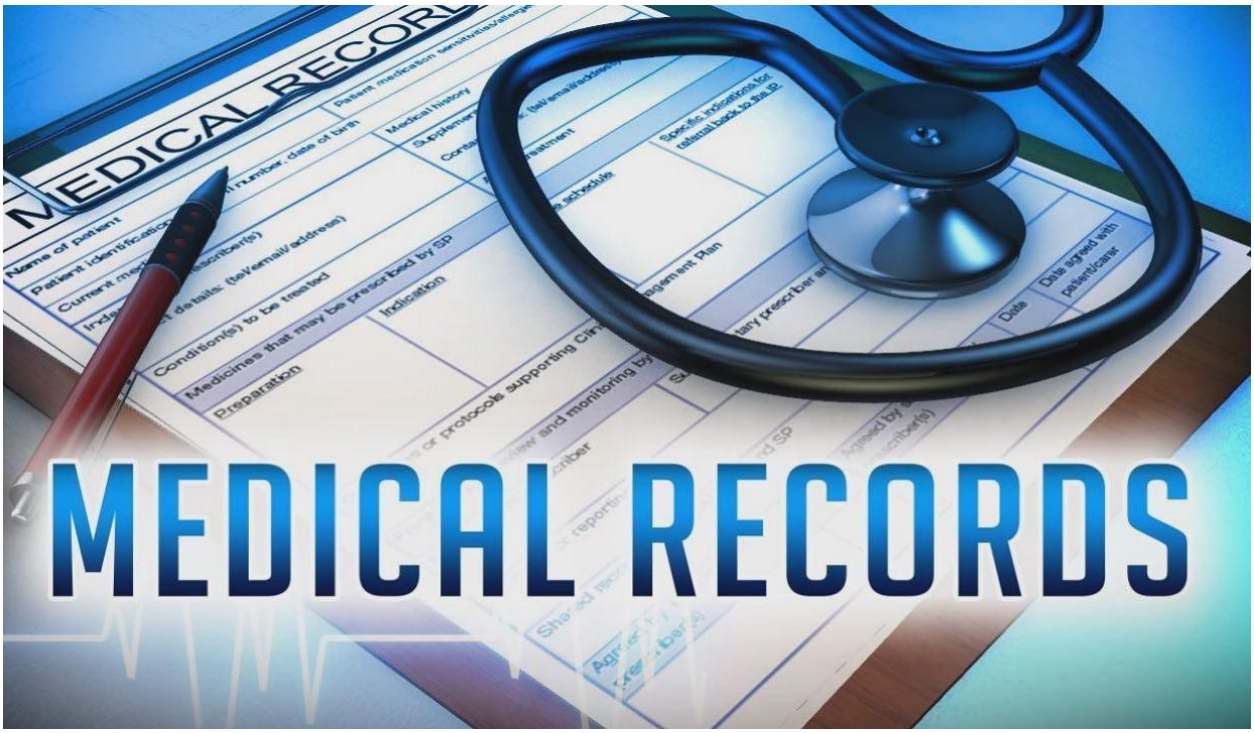
West Georgia Technical College

Health Information Management Technology



Student Handbook
2025-2026

NOTE: All policies and procedures as stated in this handbook are subject to change at any time at the discretion of the college with due notice to the student.
Supplement to West Georgia Technical College 2024-2025 college catalog.

WGTC is an equal opportunity affirmative action institution and does not discriminate on the basis of race, color, origin, sex, age, or disability.

Dear HIMT Student:

On behalf of the faculty and administration, we welcome you to West Georgia Technical College's HIMT Program. We are pleased that you have chosen the Associate of Applied Science Degree Program and look forward to working with you as complete your education.

The purpose of this handbook is to inform you of the policies and procedures set by West Georgia Technical College, Health Information Management Technology Program. These policies are to be used as your guide throughout the program. While every effort is made to ensure the accuracy of information stated, we reserve the right to change information as changes occur in the College's and Board's policies. Any changes will be issued to you as they occur.

Health Information Management Technology is one of the fastest growing professions in the United States. The Health Information Management Technology Program at West Georgia Technical College is very demanding and rigorous. As you begin the pursuit of your degree, recognize that in order for you to succeed, you will have to dedicate much time and energy to studying and fulfilling the requirements of the program. In the end, the reward is worth the effort.

Thank you for choosing West Georgia Technical College as the facility to help you attain your goal. Let us know how we can best serve you. We, the program faculty, wish you much success!

Sincerely,

Dana Stirman, MEd., RHIA
Program Director/Instructor
Health Information Management Technology

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INTRODUCTION

This Health Information Management Technology (HIMT) Handbook has been prepared to assist students who are enrolled in the Associate in Applied Science - Health Information Management Technology Program at West Georgia Technical College (WGTC). The handbook is to assist you, the student, with the information necessary in your role as a student HIMT Professional and assist you in your learning experiences. Understanding the curricula, policies, philosophy, goals and objectives of the program will further assist you in the successful completion of the HIMT program. **It is the responsibility of students to know and follow the guidelines in this handbook. Students are also responsible for information pertinent to the HIMT program found in the WGTC College Catalog and on the WGTC website at www.westgatech.edu.**

The Health Information Management Technology Program

The Health Information Management Technology (HIMT) Program is a two-year associate degree program dedicated to the effective management of patient information and healthcare data needed to deliver high quality treatment and care to the public. Health Information Management Technology professionals who perfect their technical skills become experts in health data collection, data abstraction, enhanced coding and monitoring, maintenance, and reporting activities while maintaining the highest standards of data integrity, confidentiality, and security. The coursework prepares the individual for the national certification exam through the American Health Information Management Association (AHIMA).

Accreditation

The Health Information Management Technology Program at West Georgia Technical College is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (www.CAHIIM.org). Upon graduation from a CAHIIM accredited HIMT program, students will be eligible to sit for the Registered Health Information Technician (RHIT) Certification Exam. Upon successful completion of the exam, students will receive the RHIT credential through the American Health Information Management Association (AHIMA).

West Georgia Technical College Mission, Vision and Core Values

Our Mission: West Georgia Technical College, a unit of the Technical College System of Georgia, serves the communities of Carrol , Coweta, Douglas, Haralson, Heard, Meriwether, and Troup counties, supporting student success, economic development and the community by providing a

skilled workforce through the delivery of relevant education and training, via high school equivalency, college credit associate degrees, diplomas, and technical certificates of credit, as well as corporate and continuing education opportunities.

Our Vision: West Georgia Technical College will be a model of innovation and excellence in technical education, recognized as an outstanding economic and community partner, and nimble provider of pathways to rewarding careers.

Our Core Values:

- Integrity
- Professionalism
- Student Success
- Academic Excellence

West Georgia Technical College offers a comprehensive range of quality credit and non-credit programs that enhance the West Georgia regional workforce. The College provides state-of-the art technology and educational resources that enable students to become skillful professionals in their chosen careers.

The curriculum reflects standards of Health Information Management (HIMT) practice, educational and instructional principles. These are identified in this handbook.

1. Course syllabi address instructional and educational strategies for students and faculty.
2. Student Handbook addresses ethics; standards of American Health Information Management Association (AHIMA) HIMT standards and WGTC policy.
3. WGTC shall not be held liable for interactions with patients and/or persons outside of WGTC boundaries.

There are course syllabi/outlines for each course which identify faculty and learner objectives which include the criteria for successful completion of the course.
Student evaluation tools reflect course objectives, which utilize measurable criteria in the evaluation of students.
Curriculum includes all concepts identified in the HIMT Education Program AHIMA Accreditation standards.

Academic Advising

Students are assigned an academic advisor; advisors are available to students by contacting them directly via email, scheduled office visits or telephone.

Advanced Placement and Experiential Learning

The Health Information Management Technology program does not award advanced placement or accept credit via experiential learning.

Transfer Credit shall be evaluated by the registrar upon receipt of an official transcript.

Library and Learning Services

Student Academic Success - West Georgia Technical College is committed to enhancing academic performance for all students. These resources are available at all campus locations and include learning resource labs, tutoring, academic workshops, on-line tutorials and academic counseling.

STUDENT SUCCESS SERVICES

Ways to Contact Student Success:

Email: wgtcsuccess@westgatech.edu
Phone: 706-756-4678

Services offered to help you be successful:

Tutoring Services– we offer face-to-face tutoring on every campus for some subjects. See flyers below for times and location.

- Math and Writing Tutoring
- Accounting Tutoring
- Biology Tutoring
- Computer Tutoring
- Free Online Tutoring – 24/7 All Subjects.
  Click on the Upswing logo below and follow the directions to log in to your account.

Upswing

https:westgatech.upswing.io

Program Mission

The Health Information Management Technology associate degree program is a sequence of courses designed to provide students with the technical knowledge and skills necessary to process, maintain, analyze, and report health information data according to legal, accreditation, licensure, and certification standards for reimbursement, facility planning, marketing, risk management, utilization management, quality assessment, and research. Program graduates will develop leadership skills necessary to serve in a functional supervisory role in various components of the health information system.

The Health Information Management accreditor of West Georgia Technical College is the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM). The College's accreditation for Associate degree in Health Information Management has been reaffirmed through the 2031-2032 cycle. All inquiries about the program's accreditation status should be

directed by mail to CAHIIM, 200 East Randolph Street, Suite 5100, Chicago, IL, 60601; by phone at (312) 235-3255; or by email at info@cahiim.org.

Upon graduation from a CAHIIM accredited HIMT program, students will be eligible to sit for the national certification examination. Upon successful completion of the exam, students will receive the RHIT credential through the American Health Information Management Association (AHIMA).

Program Advising

Upon entry to the HIMT Program, the student will meet with the Program Director or an assigned HIMT faculty member to review program specific requirements and suggested course sequence. It is the responsibility of the student to arrange an appointment for academic program advising prior to registration for each term.

Program Requirements

Criminal Background Check/Fingerprinting:

Students may be required to complete a background check prior to entering their internship.

- Returning students may be required to have a criminal background check review.
- Students should be aware that an employer may deny a position/internship to an applicant who has been convicted of a felony or certain misdemeanors or is addicted to drugs, cigarettes or alcohol.

Vaccination Statement

As healthcare professional students, it is highly recommended that you are vaccinated against infectious diseases encountered at clinical/practicum sites. We recommend you discuss these vaccinations with your personal physician.

Students are required to follow the medical clearance policies designated by their assigned clinical/practicum sites. Please be aware that some clinical/practicum sites may mandate vaccinations against specific diseases such as COVID-19, influenza and/or testing for specific diseases such as tuberculosis. If you elect not to be vaccinated or tested, you may not be allowed to attend those clinical/practicum sites. If you do not have all required immunizations and tests, you may have limited access to clinical/practicum sites. This may delay or prevent program completion.

Although vaccines are not required for program admission, each clinic/practicum site reserves the right to deny a student entry based on their own policies and procedures. If a student is denied entry to a clinical/practicum site based on lack of vaccinations or testing, the student may not be able to complete the clinical/practicum course. As a result, successful completion of the program may not be possible. Please see individual program materials for information regarding specific vaccine and testing requirements.

This information is intended to give recommendations and not set specific policies on vaccinations and/or testing. West Georgia Technical College, the Nursing division, the Health Sciences division and the Technical College System of Georgia are not responsible for any adverse reactions that may occur as a result of vaccines and/or testing.

Note: As of February 2023, local clinical affiliates are no longer mandating COVID 19 vaccinations.

Attendance

Students are expected to attend all classes and failure to do so, may impact the students grade or successful completion of the program. Regular class attendance is required and enhances maximum success in college. Absence from class for any reason in no way lessens the student's responsibility to meet all the requirements of a course. It is the student's obligation to initiate arrangements for "make-up" work, as indicated in the course syllabus.

Classroom Protocol

- Cell phones or other devices are to be turned on vibrate mode only during the class time.
- All cell phone usage should occur outside of the classroom.
- Cell phones, PDA's or other electronic devices will not be allowed during exams or quizzes.
- Basic calculators, if applicable, are permitted during test taking.
- Leaving the room will not be allowed after beginning an exam or quiz until it is finished.
- Instructors will retain all quizzes and exams.
- Missed exams may be made up at the discretion of the instructor.

Dress Code

All students are expected to dress neatly and professionally in the classrooms and for their Internships.

- Hair is to be neat and clean.
- Males should be clean shaven, or keep their mustaches and beards well-trimmed.
- Jewelry should be limited to simple rings and one pair of small earrings.
- Maintain proper personal appearance at all times. (Attire should not be unsafe or disruptive.)
- Facilities and their premises are smoke free.
- The dress code of the specific agency (if stricter) will take precedence.

Leave of absence

A leave of absence may be granted to a student for health reasons and/or major personal problems. Leaves will be granted by the Vice President of Student Affairs. This policy will be used when the student initiates a grievance and must be resolved before progressing to the next semester.

Withdrawal from the Health Information Management Technology program

A student may be withdrawn from the program for the following reasons:

- **Failure to assume student responsibilities in the HIMT program handbook**
- **Violation of HIPAA shall be cause for dismissal from the program.**

Ethics and Academic Honesty

The ethical obligation of the Health Information Management Technology (HIMT) professionals include:

- The protection of patient privacy and confidential information.
- Disclosure of information.
- Development, use and maintenance of health information systems and health records.
- Quality of information.
- The HIMT professional participates in activities that contribute to the ongoing development of the professions' body of knowledge.
- The HIMT professional collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the needs of the public.
- The HIMT professional participates in the profession's efforts to protect the public from misinformation and misrepresentation and to maintain the integrity of Health Information Technology Management.
- Strict adherence to the HIPAA Rules & Regulations shall be maintained.

The mission of the HIMT professional is based on core professional values. These values and the inherent responsibilities for AHIMA members and credentialed HIMT professional include:

- Providing services.
- Protecting medical, social, financial and demographic information.
- Promoting confidentiality.
- Preserving and securing health information.
- Promoting the quality and advancement of healthcare.
- Demonstrating HIMT expertise and skills.
- Promoting interdisciplinary cooperation and collaboration.
- Refusing to participate or conceal unethical practices.
- Reporting violations of practice standards.

It is the duty of each student to honorably perform duties of the Health Information Management Technology professional and preserve the confidentiality of any privileged information made known in any official capacity.

WGTC Policy Academic Code of Conduct

Students enrolled in West Georgia Technical College Health Sciences programs are expected to agree to and abide by the WGTC Student Policies and Procedures located at:

https://www.westgatech.edu/program-explorer/academic-resources/catalog-student-handbook/

Academic Dishonesty

Academic Integrity is an essential component of professional behavior in Health Science programs. Academic dishonesty has many forms and may result in the dismissal of a student. WGTC Health Sciences programs follow the college's general policies on academic integrity as set forth in the WGTC catalog and student handbook.

WGTC Policy Non-Academic Code of Conduct

Non-Academic Code of Conduct

Faculty of West Georgia Technical College and the Health Science programs have an academic, legal, and ethical responsibility to protect members of the public and of the health care community from unsafe or unprofessional practices. Health Science students, while representing WGTC at any clinical agency, must conduct themselves in an ethical, professional, and safe manner. Students are expected to assume responsibility for their actions and will be held accountable for them. Students will abide by WGTC and clinical agency policies during each clinical experience.

1. The WGTC HIMT program prepares students to practice within the Scope of Practice as defined by the American Health Information Management Association (AHIMA) (page 16) the AHIMA Code of Ethics and Standards of Ethical Coding. Failure to progress toward mastery of the standards and scope of practice may result in disciplinary action including dismissal from the program.

2. Students are required to keep client information confidential. This is both a State of Georgia law and a Federal statue. Failure of client confidentiality may result in disciplinary action. Students may only reproduce client records with permission of the clinical instructor and then ALL client identifying factors MUST be removed from the record. Students will practice in keeping with the federally mandated Health Insurance Portability and Accountability Act (HIPAA).

3. A student who is found to be dishonest in a clinical internship environment will be subject to dismissal. Examples of dishonesty include: obtaining clinical data without their permission, falsifying clinical records, breach of patient confidentiality, etc.

4. Possession, use, or distribution of alcohol and controlled substances in the clinical area will result in disciplinary action. A suspicion of alcohol or drug use may require immediate testing. Testing positive for alcohol or other drugs or declining to be tested, will subject the student to disciplinary action. Disciplinary action can result in a zero on the assignment, failure of the course, dismissal form the program, or dismissal from the College.

All WGTC Health Science programs will adhere to the Non-Academic Misconduct policies as outlined in the student handbook.

- 2024-2025 Student Handbook/Catalog
  https://www.westgatech.edu/program-explorer/academic-resources/catalog-student-handbook/

WGTC Policy on Academic Dishonesty and Plagiarism

ACADEMIC

Academic Misconduct includes, but is not limited to, the following:

A. Aiding and Abetting Academic Misconduct

- Knowingly helping, procuring or encouraging another person to engage in academic

misconduct.

B. Cheating

- Use and/or possession of unauthorized material or technology during an examination any other written or oral work submitted for evaluation and/or a grade such as tape cassettes, notes, tests, calculators, computer programs, cell phones and/or smart phones, or other electronic devices.
- Obtaining assistance with or answers to an examination or any other written or oral work submitted for evaluation and/or a grade from another person with or without that person's knowledge.
- Furnishing assistance with or answers to an examination or any other written or oral work submitted for evaluation and/or a grade to another person.
- Possessing, using, distributing or selling unauthorized copies of an examination, computer program, or any other written or oral work submitted for evaluation and/or a grade.
- Representing as one's own an examination or any other written or oral work submitted for evaluation and/or a grade created by another person.
- Taking an examination or any other written or oral work submitted for evaluation and/or a grade in place of another person.
- Obtaining unauthorized access to the computer files of another person or agency and/or altering or destroying those files.
- Obtaining teacher edition text books, test banks, or other instructional materials that are only intended to be accessed by Technical College Officials, college administrator or Faculty Member.

C. Fabrication

- The falsification of any information or citation in an examination or any other written or oral work submitted for evaluation and/or a grade.

D. Plagiarism

- Submitting another's published or unpublished work in whole, in part or in paraphrase, as one's own without fully and properly crediting the author with footnotes, quotation marks, citations, or bibliographical reference.
- Submitting as one's own original work, material obtained from an individual or agency without reference to the person or agency as the source of the material.
- Submitting as one's own original work material that has been produced through unacknowledged collaboration with others without release in writing from collaborators.

E. HIMT Use of AI Generated Content

- Please note: Use of Artificial Intelligence such as ChatGPT, Claude.ai, etc. is only allowed at the discretion of the course instructor. This course does allow the use of AI as a source of **reference information** only. Plagiarism polices and ethical guidelines already in place by WGTC should be followed. All students for this course are required to revise any AI generated information into their own words prior to submitting their work. **Cite sources accordingly**. If this is not adhered to, it could be deemed as **plagiarism**. At which time, WGTC's plagiarism policy will be enacted. See the Academic Integrity Policy section included course syllabi.

F. Copyrighted Material

- Students are **not allowed** to share copyrighted content; the answers; and/or grading feedback, especially on apps/websites such as Quizlet, Course Hero, etc.

Curriculum Guide

School of Health Sciences
Health Information Management Technology Degree 65-Credit Hours
Effective Fall 2023
Program Director: Dana.Stirman@westgatech.edu
Suggested Course Sequence

First Semester	Course Names	Credit Hours
	Core Area I: ENGL 1101	3
	Core Area II	3
	ALHS 1090	2
	BIOL 2113	3
	BIOL 2113L	1
	Minimum Required Hours	**12**
Second Semester	**Course Names**	**Credit Hours**
	Area III: MATH 1111	3
	Area IV	3
	BIOL 2114	3
	BIOL 2114L	1
	MATH 1127 or Additional course from Core Area I, II, III, or IV	**3**
	Minimum Required Hours	**13**
Third Semester	**Course Names**	**Credit Hours**
	HIMT 1100: Introduction to Health Information Technology	3
	HIMT 1200: Legal Aspects of Healthcare	3
	HIMT 1360: Introduction to Pathopharmacotherapy	3
	HIMT 2300: Healthcare Management	3
	Minimum Required Hours	**12**
Fourth Semester	**Course Names**	**Credit Hours**
	HIMT 1151: Computer Applications in Healthcare	4
	HIMT 1250: Health Record Content and Structure	2
	HIMT 1400: Coding and Classification ICD Basic	4
	HIMT 2400: Coding and Classification System CPT/HCPCS	3
	Minimum Required Hours	**13**
Fifth Semester	**Course Names**	**Credit Hours**
	HIMT 1410: Coding and Classification ICD Advanced	3
	HIMT 2150: Healthcare Statistics	3
	HIMT 2200: Performance Improvement	3
	HIMT 2410 Revenue Cycle Management	3
	HIMT 2460 Health Information Technology Practicum	3
	Minimum Required Hours	**15**

Health Information Technology Course Description

HIMT 1100 Introduction to Health Information Technology
3.0 Credits

Prerequisite: Program Admission

Focuses on orienting the student to health information management. Topics include introducing students to the structure of healthcare in the United States and its providers, and the structure and function of the American Health Information Management Association (AHIMA).

HIMT 1151 Computer Applications in Healthcare
4.0 Credits
Prerequisite: None

Designed to provide students with computer and software skills used in medical offices. Topics include hardware and software components of computers for medical record applications; database software and information management; specialized information management systems in healthcare; methods of controlling confidentiality and patient rights; accuracy and security of health information data in computer systems as well as future directions of information technology in healthcare.

HIMT 1200 Legal Aspects of Healthcare
3.0 Credits
Prerequisite: Program Admission

Focuses on the study of legal principles applicable to health information, patient care and health records. Topics include working of the American Legal System, courts and legal procedures, principles of liability, patient record requirements, and access to health information, confidentiality and informed consent, the judicial process of health information, specialized patient records, risk management and quality assurance, HIV information, and the electronic health record.

HIMT 1250 Health Record Content and Structure
2.0 Credits
Prerequisite: None

Provides a study of content, storage, retrieval, control, retention, and maintenance of health information. Topics include health data structure, content and standards, healthcare information requirements and standards.

HIMT 1360 Introduction to Pathopharmacotherapy
3.0 Credits
Prerequisite: ALHS 1090

Introduces drug therapy with emphasis on safety, classification of drugs, their action, side effects, and/or adverse reactions. Also introduces the basic concept used in the administration of drugs. Topics include: introduction to pharmacology, sources and forms of drugs, drug classification, and drug effects on the body systems.

HIMT 1400 Coding and Classification ICD Basic
4.0 Credits
Prerequisite: BIOL 2114 with a minimum grade of C, BIOL 2114L with a minimum grade of C, ALHS 1090; HIMT 1360

Provides the student an introduction to medical coding and classification of diseases, injuries, encounters, and procedures using standard applications of Medical Coding Guidelines to support reimbursement of healthcare services. (ICD-10)

HIMT 1410 Coding and Classification ICD Advanced
3.0 Credits
Prerequisite: HIMT 1400

Provides the student with case studies for in-depth review of inpatient and outpatient record formats as found in current healthcare settings. Advanced coding skills and use of industry applications to apply coding and billing standards will be the focus to develop auditing and compliance strategies in the work setting. (ICD-10)

HIMT 2150 Healthcare Statistics

3.0 Credits
Prerequisite: Math 0090 with a minimum grade of C or degree program admission level math competency

Analyzes the study of methods and formulas used in computing and preparing statistical reports for health care services and vital records. It also focuses on the study of methods and techniques used in presenting statistical data.

HIMT 2200 Performance Improvement
3.0 Credits
Prerequisite: None

Introduces the students to the peer review and the role health information plays in evaluating patient care. This course investigates the components of performance improvement programs in health care facilities, including quality assessment, utilization management, risk management, and critical clinical pathways. State and local standards are included as well as review of the federal government's role in health care accreditation requirements of various agencies.

HIMT 2300 Healthcare Management
3.0 Credits
Prerequisite: None

Engages students in the functions of a merger, planning, organizing, decision making, staffing, leading or directing, communication and motivating. Further study will include principles of authority/responsibility, delegation and effective communication, organization charts, job descriptions, policies and procedures, employee motivation, discipline and performance evaluations.

HIMT 2400 Coding and Classification System CPT/HCPCS
3.0 Credits
Prerequisite: None

Provides an introduction to, and application of, codes using CPT/HCPCS system. Codes will be applied to workbook exercises, case studies, and actual outpatient charts. Codes will be assigned manually as well as by an encoder.

HIMT 2410 Revenue Cycle Management
3.0 Credits
Prerequisite: HIMT 1400

Focuses on how the revenue cycle is impacted by various departments within the facility such as patient access/registration, case management/quality review, health information management, and patient accounting. Subjects include insurance plans, medical necessity, claims processing, accounts receivable, chargemaster, DRGs, APCs edits, auditing and review. ICD and CPT coding as they relate to the billing function will be reviewed. The importance of revenue cycle management for fiscal stability is emphasized.

HIMT 2460 Health Information Technology Practicum
3.0 Credits
Prerequisite: HIMT 1200; HIMT 1250

Allows students to perform advanced functions of a health information management (HIM) department. Students will work in realistic work environments in either a traditional, non-traditional, or lab setting. Activities will include application of all HIMT coursework. The student will also learn professional skills to prepare them for employment in the HIM Career field.

AHIMA Domains, Sub domains and Tasks

The curriculum will address the following domains of knowledge identified by the American Health Information Management Association as indicators of entry-level competency for Registered Health Information Technicians.

HIMT Associate Degree Entry-Level Competencies

Domain I. Data Structure, Content, and Information Governance

Associate Degree Level
I.1. Describe health care organizations from the perspective of key stakeholders.
I.2. Apply policies, regulations, and standards to the management of information.
I.3. Identify policies and strategies to achieve data integrity.
I.4. Determine compliance of health record content within the health organization.
I.5. Explain the use of classification systems, clinical vocabularies, and nomenclatures.
I.6. Describe components of data dictionaries and data sets.
I.6. DM Evaluate data dictionaries and data sets for compliance with governance standards.

Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security

Associate Degree Level
II.1. Apply privacy strategies to health information.
II.2. Apply security strategies to health information.
II.3. Identify compliance requirements throughout the health information life cycle.

Domain III. Informatics, Analytics, and Data Use

Associate Degree Level
III.1. Apply health informatics concepts to the management of health information.
III.2. Utilize technologies for health information management.
III.3. Calculate statistics for health care operations.
III.4. Report health care data through graphical representations.

III.5. Describe research methodologies used in health care.
III.6. Describe the concepts of managing data.
III.7. Summarize standards for the exchange of health information.
III.6. DM Manage data within a database system.
III.7. DM Identify standards for exchange of health information.

Domain IV. Revenue Cycle Management

Associate Degree Level
IV.1. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines.
IV.2. Describe components of revenue cycle management and clinical documentation improvement.
V.3. Summarize regulatory requirements and reimbursement methodologies.
IV.1. RM Determine diagnosis and procedure codes and groupings according to official guidelines.
IV.2. RM Evaluate revenue cycle processes.
IV.3. RM Evaluate compliance with regulatory requirements and reimbursement methodologies.

Domain V. Health Law & Compliance

Associate Degree Level
V.1. Apply legal processes impacting health information.
V.2. Demonstrate compliance with external forces.
V.3. Identify the components of risk management related to health information management.
V.4. Identify the impact of policy on health care.

Domain VI. Organizational Management & Leadership

Associate Degree Level
VI.1. Demonstrate fundamental leadership skills.

VI.2. Identify the impact of organizational change.
VI.3. Identify human resource strategies for organizational best practices.
VI.4. Utilize data-driven performance improvement techniques for decision making.
VI.5. Utilize financial management processes.
VI.6. Examine behaviors that embrace cultural diversity.
VI.7. Assess ethical standards of practice.
VI.8. Describe consumer engagement activities.
VI.9. Identify processes of workforce training for health care organizations.

Upon completion of this curriculum, a graduate would become eligible to sit for the RHIT certification exam. It is the responsibility of the graduate to apply for the exam and submit all required documentation.

Course Progression

- The faculty and HIMT Program Director review the progress of each student at the end of each semester. Faculty will counsel students to aid them in their progress throughout the program. It is the student's responsibility to seek out the instructor for guidance as needed.
- Students are expected to utilize skills and apply knowledge learned in all prerequisite general education and laboratory courses.
- To progress from one semester to another, a student must have a minimum of 2.5 GPA for each course completed.

Scholastic Requirements

Grading system for the HIMT program:
Grades are determined on a percentage scale. The following numbers reflect the percentage points earned out of the total points possible (rounded to the nearest percent):

Grade Distribution

90 – 100	A
80 – 89	B
70 – 79	C
60 – 69	D
0 – 59	F

*A minimum grade of 70 is required for all occupational courses and for any course that is a prerequisite for a subsequent course.

Professional Practice Experience

The internship experience has been designed by the HMIT Program Director and Faculty in coordination with various site mentors to meet the individualized needs of each student. The internship provides students with opportunities to practice or observe hands on applications designed to foster abilities and growth within the areas of Health Information Management.

Traditional full- time internship:
During the 40-hour internship, the student will be assigned to the Health Information Management Department or other health information environment. This will give the student exposure to the many related functions necessary to effectively manage an operational area. It will also give the student an opportunity to work extensively with a primary group of practitioners, and an opportunity to see day-to-day operations of the department. This is an opportunity to learn about the practical side of healthcare from the practitioners themselves.

The student will benefit by:

1. Gaining an appreciation of the complexity of healthcare
2. Gaining knowledge of a clinical service area
3. Touring the departments in an acute care settings or other healthcare facilities.
4. Networking with a variety of healthcare professionals

RHIT Exam Prep

RHIT Exam Prep is also incorporated in the PPE. Exam prep will bring exposure and practice with questions related to the 6 domains and subdomains under each domain as set for by AHIMA.

HIMT Resources		
CAHIIM	Council of Accreditation of Health Informatics and Information Management	www.cahiim.org
AHIMA	American Health Information Management Association	www.ahima.org
GHIMA	Georgia Health Information Management Association	www.ghima.org

NGHIMA	North Georgia Health Information Management Association	www.nghima.org
AAPC	American Academy of Professional Coders	www.aapc.org
NCRA	National Cancer Registrars Association	www.ncra-usa.org
Healthcare Information and Management Society		www.himss.org

AHIMA Code of Ethics

Preamble

The ethical obligations of the health information management (HIM) professional include the safeguarding of privacy and security of health information; appropriate disclosure of health information; development, use, and maintenance of health information systems and health information; and ensuring the accessibility and integrity of health information.

Healthcare consumers are increasingly concerned about security and the potential loss of privacy and the inability to control how their personal health information is used and disclosed. Core health information issues include what information should be collected, how the information should be managed, who should have access to the information, under what conditions the information should be disclosed, how the information is retained, when it is no longer needed, and how is it disposed of in a confidential manner. All of the core health information issues are addressed in compliance with state and federal regulations, and employer policies and procedures.

Ethical obligations are central to the professional's responsibility, regardless of the employment site or the method of collection, storage, and security of health information. In addition, sensitive information (e.g., genetic, adoption, substance use, sexual health, and behavioral information) requires special attention to prevent misuse. In the world of business and interactions with consumers, expertise in the protection of information is required.

Purpose of the American Health Information Management Association Code of Ethics

The HIM professional has an obligation to demonstrate actions that reflect values. The American Health Information Management Association (AHIMA) Code of Ethics sets forth these principles. (See also AHIMA Mission, Vision, Values) The code is relevant to all AHIMA members, non-members with the Commission on Certification for Health Informatics and Information Management (CCHIIM) certifications, and students enrolled in a formal certificate or degree granting program directly

relevant to AHIMA's Purpose regardless of their professional functions, the settings in which they work, or the populations they serve. These purposes strengthen the HIM professional's efforts to improve overall quality of healthcare.

The AHIMA Code of Ethics serves six purposes:

- Promotes high standards of HIM practice.
- Summarizes broad ethical principles that reflect the profession's core values.
- Establishes a set of ethical principles to be used to guide decision-making and actions.
- Establishes a framework for professional behavior and responsibilities when professional obligations conflict or ethical uncertainties arise.
- Provides ethical principles by which the general public can hold the HIM professional accountable.
- Mentors practitioners new to the field to HIM's mission, values, and ethical principles.

The code includes principles that are enforceable and aspirational. The extent to which each principle is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical principles.

Principles

The following principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members, non-members CCHIIM certifications, and students.

1. ***Advocate, uphold, and defend the consumer's right to privacy and the doctrine of confidentiality in the use and disclosure of information.***
2. ***Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, their peers, and to the health information management profession.***
3. ***Preserve, protect, and secure personal health information in any form or medium and hold in the highest regard health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.***
4. ***Refuse to participate in or conceal unethical practices or procedures and report such practices.***
5. ***Use technology, data, and information resources in the way they are intended to be used.***
6. ***Advocate for appropriate uses of information resources across the healthcare ecosystem.***
7. ***Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.***
8. ***Represent the profession to the public in a positive manner.***

9. ***Advance health information management knowledge and practice through continuing education, research, publications, and presentations.***
10. ***Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.***
11. ***State truthfully and accurately one's credentials, professional education, and experiences.***
12. ***Facilitate interdisciplinary collaboration in situations supporting ethical health information principles.***
13. ***Respect the inherent dignity and worth of every person.***

AHIMA Code of Ethics Guidelines

Violation of principles in the Code of Ethics does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the code are subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members. Although in some situations, violations of the code would constitute unlawful conduct subject to legal process.

Guidelines for ethical and unethical behavior are provided to assist with the interpretation of the American Health Information Management Association (AHIMA) Code of Ethics. The terms "shall" and "shall not" are used as a basis for setting high standards for behavior. This does not imply that everyone "shall" or "shall not" do everything that is listed. This concept is true for the entire code. If someone engages in the stated activities, ethical behavior is the standard. The guidelines are not a comprehensive list. For example, the statement "safeguard all confidential consumer information to include, but not limited to, personal, health, financial, genetic and outcome information" can also be interpreted as "shall not fail to safeguard all confidential consumer information to include personal, health, financial, genetic, and outcome information."

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values and ethical principles to which a Health Information Management (HIM) professional can aspire and by which actions can be judged. Ethical behaviors result from a personal commitment to engage in ethical practice.

Professional responsibilities often require an individual to move beyond personal values. For example, an individual might demonstrate behaviors that are based on the values of honesty, providing service to others, or demonstrating loyalty. In addition, professional values may require promoting confidentiality, facilitating interdisciplinary collaboration, and refusing to participate or conceal unethical practices. Professional values could require a more comprehensive set of values than an individual's need to be an ethical agent in one's own personal life.

The AHIMA Code of Ethics is to be used by AHIMA members, non-members with the Commission on Certification for Health Informatics and Information Management (CCHIIM) certifications, students enrolled in a formal certificate or degree granting program directly relevant to AHIMA's Purposes, and consumers, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. The AHIMA Code of Ethics reflects the commitment of all to uphold the profession's values and to act ethically. Individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments, must apply ethical principles.

The code does not provide a set of rules that prescribe how to act in all situations. Specific applications of the code must consider the context in which it is being considered and the possibility of conflicts among the values and principles.

How to Interpret the Code of Ethics
Principles and Guidelines
The following ethical principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members, non-members with CCHIIM certifications, and students enrolled in a formal certificate or degree granting program directly relevant to AHIMA's Purposes. Guidelines included for each ethical principle are a non-inclusive list of behaviors and situations that can help to clarify the principle. They are not meant to be a comprehensive list of all situations that can occur.

1. ***Advocate, uphold, and defend the consumer's right to privacy and the doctrine of confidentiality in the use and disclosure of information.***

A health information management professional **shall**:
1.1. Safeguard all confidential consumer information to include, but not limited to, personal, health, financial, genetic, and outcome information.
1.2. Engage in social and political action that supports the protection of privacy and confidentiality and be aware of the impact of the political arena on the health information issues for the healthcare industry and the public.
1.3. Advocate for changes in policy and legislation to ensure protection of privacy and confidentiality, compliance, and other issues that surface as advocacy issues and facilitate informed participation by the public on these issues.
1.4. Protect the confidentiality of all information obtained in the course of professional service. Disclose only information that is directly relevant or necessary to achieve the purpose of disclosure. Release information only with valid authorization from a consumer or a person legally authorized to consent on behalf of a consumer or as authorized by federal or state regulations. The minimum necessary standard is essential when releasing health information for disclosure activities.
1.5. Promote the obligation to respect privacy by respecting confidential information shared among colleagues, while responding to requests from the legal profession, the media, or other non-healthcare related individuals, during presentations or teaching and in situations that could cause harm to persons.
1.6. Respond promptly and appropriately to consumer requests to exercise their privacy rights (e.g., access, amendments, restriction, confidential communication, etc.). Answer truthfully all consumers' questions concerning their rights to review and annotate their personal biomedical data and seek to facilitate consumers' legitimate right to exercise those rights.

2. ***Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, peers, and to the health information management profession.***

A health information management professional **shall**:
2.1. Act with integrity, behave in a trustworthy manner, elevate service to others above self-interest, and promote high standards of practice in every setting.
2.2. Be aware of the profession's mission, values, and ethical principles, and practice in a manner consistent with them by acting honestly and responsibly.
2.3. Anticipate, clarify, and avoid any conflict of interest, to all parties concerned, when dealing with consumers, consulting with competitors, in providing services requiring potentially conflicting roles (for example, finding out information about one facility that would help a competitor), or serving the Association in a volunteer capacity. The conflicting roles or responsibilities must be clarified and appropriate action taken to minimize any conflict of interest.
2.4. Ensure that the working environment is consistent and encourages compliance with the AHIMA Code of Ethics, taking reasonable steps to eliminate any conditions in the organizations that violate, interfere with, or discourage compliance with the code.
2.5. Take responsibility and credit, including authorship credit, only for work one actually performs, or to which one contributed. Honestly acknowledge the work of and the contributions made by others verbally or written, such as in publication.
A health information management professional **shall not**:
2.6. Permit one's private conduct to interfere with the ability to fulfill one's professional responsibilities.
2.7. Take unfair advantage of any professional relationship or exploit others to further one's own personal, religious, political, or business interests.

3. ***Preserve, protect, and secure personal health information in any form or medium and hold in the highest regard health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.***

A health information management professional **shall**:
3.1. Safeguard the privacy and security of written and electronic health information and other sensitive information. Take reasonable steps to ensure that health information is stored securely and that consumers' data and information is not available to others who are not authorized to have access. Prevent inappropriate disclosure of individually identifiable information.
3.2. Take precautions to ensure and maintain the confidentiality of information transmitted, transferred, or disposed of in the event of termination, incapacitation, or death of a healthcare provider to other parties through the use of any media.
3.3. Inform recipients of the limitations and risks associated with providing services via electronic or social media (e.g., computer, telephone, fax, radio, and television).

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

A health information management professional **shall:**
4.1. Act in a professional and ethical manner at all times.
4.2. Take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues. If needed, utilize the AHIMA Policy and Procedures for Disciplinary Review and Appeal for potential ethics complaints.
4.3. Be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. These include policies and procedures created by AHIMA, licensing and regulatory bodies, employers, supervisors, agencies, and other professional organizations.
4.4. Seek resolution if there is a belief that a colleague has acted unethically or if there is a belief of incompetence or impairment by discussing one's concerns with the colleague when feasible and when such discussion is likely to be productive.

4.5. Consult with a colleague when feasible and assist the colleague in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.
4.6. Take action through appropriate formal channels, such as contacting an accreditation or regulatory body and/or the AHIMA Professional Ethics Committee if needed.
4.7. Cooperate with lawful authorities as appropriate.
A health information management professional **shall not**:
4.8. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-inclusive list of examples includes:

- Allowing patterns of optimizing or minimizing documentation and/or coding to impact payment
- Assigning codes without provider documentation
- Coding when documentation does not justify the diagnoses or procedures that have been billed
- Miscoding to avoid conflict with others
- Engaging in negligent coding practices
- Hiding or ignoring review outcomes, such as performance data
- Failing to report licensure status for a provider through the appropriate channels
- Recording inaccurate data for accreditation purposes
- Allowing inappropriate access to genetic, adoption, health, or behavioral health information
- Misusing sensitive information about a competitor
- Developing a "record set" that excludes meaningful consumer information to be shared with consumers to protect the health system or specific providers
- Violating the privacy of individuals

Refer to the AHIMA Standards of Ethical Coding for additional guidance.
4.9. Engage in any relationships with a consumer where there is a risk of exploitation or potential harm to the consumer.

5. ***Use technology, data, and information resources in the way they are intended to be used.***

A health information management professional **shall**:
5.1. Use healthcare employer technology resources within the confines of organizational policies.
5.2. Ensure all data and resulting information accessed and derived from healthcare technology resources are not used outside of the scope of the job.
A health information management professional **shall not**:
5.3. Compromise the integrity of healthcare data through any intentional acts or acts that are generally known to create risks to data integrity.

6. ***Advocate for appropriate uses of information resources across the healthcare ecosystem.***

A health information management professional **shall**:
6.1. Verify requests for data and information are based on appropriate, verifiable needs and conditions and fall within the confines of organizational policies, regulations, and laws.
6.2. Educate stakeholders about the need to maintain data integrity and the potential impacts should data integrity not be maintained.
A health information management professional **shall not**:
6.3. Manipulate information systems to produce or display data and resulting information that is intentionally misleading

7. ***Recruit and mentor students, staff, peers, and colleagues to develop and strengthen professional workforce.***

A health information management professional **shall**:
7.1. Provide directed practice opportunities for students.

7.2. Be a mentor for students, peers, and new health information management professionals to develop and strengthen skills.
7.3. Be responsible for setting clear, appropriate, and culturally sensitive boundaries for students, staff, peers, colleagues, and members within professional organizations.
7.4. Evaluate students' performance in a manner that is fair and respectful when functioning as educators or clinical internship supervisors.
7.5. Evaluate staff's performance in a manner that is fair and respectful when functioning in a supervisory capacity.
7.6. Serve an active role in developing HIM faculty or actively recruiting HIM professionals.
A health information management professional **shall not**:
7.7. Engage in any relationships with a person (e.g. students, staff, peers, or colleagues) where there is a risk of exploitation or potential harm to that other person.

8. Represent the profession to the public in a positive manner.

A health information management professional **shall:**
8.1. Be an advocate for the profession in all settings and participate in activities that promote and explain the mission, values, and principles of the profession to the public.

9. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.

A health information management professional **shall**:
9.1. Develop and enhance continually professional expertise, knowledge, and skills (including appropriate education, research, training, consultation, and supervision). Contribute to the knowledge base of health information management and share one's knowledge related to practice, research, and ethics.
9.2. Base practice decisions on recognized knowledge, including empirically based knowledge relevant to health information management and health information management ethics.
9.3. Contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the health information management profession. These activities may include teaching, research, consultation, service, legislative testimony, advocacy, presentations in the community, and participation in professional organizations.
9.4. Engage in evaluation and research that ensures the confidentiality of participants and of the data obtained from them by following guidelines developed for the participants in consultation with appropriate institutional review boards.
9.5. Report evaluation and research findings accurately and take steps to correct any errors later found in published data using standard publication methods.
9.6. Design or conduct evaluation or research that is in conformance with applicable federal or state laws.
9.7. Take reasonable steps to provide or arrange for continuing education and staff development, addressing current knowledge and emerging developments related to health information management practice and ethics.

10. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.

A health information management professional **shall**:
10.1. Perform responsibly all duties as assigned by the professional association operating within the bylaws and policies and procedures of the association and any pertinent laws.
10.2. Uphold the decisions made by the association.
10.3. Speak on behalf of the health information management profession and association, only while serving in the role, accurately representing the official and authorized positions of the association.

10.4. Disclose any real or perceived conflicts of interest.
10.5. Relinquish association information upon ending appointed or elected responsibilities.
10.6. Resign from an association position if unable to perform the assigned responsibilities with competence.
10.7. Avoid lending the prestige of the association to advance or appear to advance the private interests of others by endorsing any product or service in return for remuneration. Avoid endorsing products or services of a third party, for-profit entity that competes with AHIMA products and services. Care should **also** be exercised in endorsing any other products and services.

11. State truthfully and accurately one's credentials, professional education, and experiences.

A health information management professional **shall**:
11.1. Make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the health information management profession, a professional health information association, or one's employer.
11.2. Claim and ensure that representation to consumers, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, training, certification, consultation received, supervised experience, and other relevant professional experience are accurate.
11.3. Claim only those relevant professional credentials actually possessed and correct any inaccuracies occurring regarding credentials.
11.4. Report only those continuing education units actually earned for the recertification cycle and correct any inaccuracies occurring regarding CEUs.

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

A health information management professional **shall**:
12.1. Participate in and contribute to decisions that affect the well-being of consumers by drawing on the perspectives, values, and experiences of those involved in decisions related to consumers.
12.2. Establish clearly professional and ethical obligations of the interdisciplinary team as a whole and of its individual members.
12.3. Foster trust among group members and adjust behavior in order to establish relationships with teams.

13. Respect the inherent dignity and worth of every person.

A health information management professional **shall**:
13.1. Treat each person in a respectful fashion, being mindful of individual differences and cultural and ethnic diversity.
13.2. Promote the value of self-determination for each individual.
13.3. Value all kinds and classes of people equitably, deal effectively with all races, cultures, disabilities, ages and genders.
13.4. Ensure all voices are listened to and respected.

Acknowledgement

Adapted with permission from the 1999 Code of Ethics of the National Association of Social Workers.

Resources

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American Health Information Management Association Standards of Ethical Coding

[2016 version]

Introduction

Coding is recognized as one of the core health information management (HIM) functions within healthcare. Due to the complex regulatory requirements affecting the health information coding process, coding professionals are frequently faced with ethical coding and coding-related challenges. The Standards of Ethical Coding are **important** established guidelines for any coding professional and are based on the American Health Information Management Association's (AHIMA's) Code of Ethics. Both reflect expectations of professional conduct for coding professionals involved in diagnostic and/or procedural coding, data abstraction and related coding and/or data activities.

A Code of Ethics sets forth professional values and ethical principles. In addition, a code of ethics offers ethical guidelines to which professionals aspire and by which their actions can be expected and be judged. HIM and coding professionals are expected to demonstrate professional values by their actions to patients, employers, members of the healthcare team, the public, and the many stakeholders they serve. A Code of Ethics is important in helping guide the decision-making process and can be referenced by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, government agencies, and other professional groups). The Code of Ethics[1] is relevant to all AHIMA members, students, and CCHIIM credentialed HIM and coding professionals, regardless of their professional functions, the settings in which they work, or the populations they serve. All core health information coding activities are performed in compliance with state and federal regulations, and employer policies and procedures.[2]

The AHIMA Standards of Ethical Coding are intended to assist and guide coding professionals whether credentialed or not; including but not limited to coding staff, coding auditors, coding educators, clinical documentation improvement (CDI) professionals, and managers responsible for decision-making processes and operations as well as HIM/coding students. The standards outline expectations for making ethical decisions in the workplace and demonstrate coding professionals' commitment to integrity during the coding process, regardless of the purpose for which the codes are being reported. They are relevant to all coding professionals, regardless of the healthcare setting (e.g., inpatient, outpatient, post-acute care, alternative care, etc.) in which they work or function.

These Standards of Ethical Coding have been revised in order to reflect the current healthcare environment and modern coding practices. This document is in two parts; part one includes the standards and part two contains the standards, guidelines, and examples. Additionally, definitions have been added for some key words and terms used throughout the document. The following definitions relate to and are used within the context of these Standards for consistency and continuity.

Definitions

The purpose of this definition section is to achieve clarity without needless repetition. These definitions are intended to reflect everyday meaning. It is not within the scope of this document to establish new definitions for the words.

Coding Professional: Individuals whether credentialed or not; including but not limited to coding staff, coding auditors, coding educators, clinical documentation improvement (CDI) professionals, and managers responsible for decision-making processes and operations as well as HIM/coding students.

Coding-related activities: The activities include selection, research, and completion of code assignment, querying, other health record data abstraction, data analytics and reporting with codes, coding audits, remote coding, and coding educational activities and functions.

Data: All healthcare data elements including clinical, demographic, and financial.

Documentation: Clinical documentation found in the health record (medical record) in any format.

Encounter: The term *encounter* is used for all settings, including hospital admissions. All healthcare settings include the following: hospitals (inpatient and outpatient), physician offices, post-acute care (e.g., long- and short-term care), and other non-acute care (e.g., home health, hospice).

Established practices: Refers to processes and methods that are recognized and generally accepted such as AHIMA practice briefs and accrediting body standards.

Healthcare professionals: Those who are educated and skilled in any aspect of healthcare including direct and indirect patient care.

Provider: The term *provider* is used throughout the guidelines to mean physician or any qualified healthcare practitioner who is legally accountable for establishing the patient's diagnosis.

Query: A clarification or question to the provider through written, verbal, or electronic means regarding or related to clinical documentation in the health record.

Requirements: ICD coding conventions, official coding and reporting guidelines approved by the Cooperating Parties, the CPT rules established by the American Medical Association, applicable state and federal regulations, and any other official coding rules and guidelines (e.g., AHA Coding Clinic ICD-10-CM/PCS; AHA Coding Clinic for HCPCS; AMA CPT Assistant; AMA CPT Code book) established for use with mandated standard code sets.

Standards of Ethical Coding

1. Apply accurate, complete, and consistent coding practices that yield quality data.
2. Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions.
3. Assign and report, in any format, only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, and requirements.
4. Query and/or consult as needed with the provider for clarification and additional documentation prior to final code assignment in accordance with acceptable healthcare industry practices.
5. Refuse to participate in, support, or change reported data and/or narrative titles, billing data, clinical documentation practices, or any coding related activities intended to skew or misrepresent data and their meaning that do not comply with requirements.

6. Facilitate, advocate, and collaborate with healthcare professionals in the pursuit of accurate, complete and reliable coded data and in situations that support ethical coding practices.
7. Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements.
8. Maintain the confidentiality of protected health information in accordance with the Code of Ethics.[3]
9. Refuse to participate in the development of coding and coding related technology that is not designed in accordance with requirements.
10. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.
11. Refuse to participate in and/or conceal unethical coding, data abstraction, query practices, or any inappropriate activities related to coding and address any perceived unethical coding related practices.

The Standards for Ethical Coding and How to Interpret the Standards of Ethical Coding

Standards and Guidelines

The following ethical principles are based on the core values of the American Health Information Management Association in the AHIMA Code of Ethics and apply to all coding professionals. Guidelines for each ethical standard are a non-inclusive list of behaviors and situations that can help to clarify the standard. They are not meant to be a comprehensive list of all situations that can occur.

1. Apply accurate, complete, and consistent coding practices that yield quality data.

Coding professionals **shall**:

1.1. Support selection of appropriate diagnostic, procedure and other types of health service related codes (e.g. present on admission indicator, discharge status).

1.2. Develop and comply with comprehensive internal coding policies and procedures that are consistent with requirements.

Example: Develop internal policies and procedures for the coding function such as Facility Coding Guidelines that do not conflict with the Requirements and use as a framework for the work process, and education and training is provided on their use.

1.3. Foster an environment that supports honest and ethical coding practices resulting in accurate and reliable data.

Example: Regularly discussing the standards of ethical coding at staff meetings.

Coding professionals **shall not**:

1.4. Distort or participate in improper preparation, alteration, or suppression of coded information.

Example: Assigning diagnosis and/or procedure codes based on clinical documentation not recognized in requirements (as defined above in the definitions).

1.5. Misrepresent the patient's medical conditions and/or treatment provided, are not supported by the health record documentation.

Example: Permitting coding practices that misrepresent the provider documentation for a given date of service or encounter such as using codes from a previous encounter on the current encounter (except with bundled payment models or other methodologies).

2. Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions.

   Coding professionals **shall**:

   2.1. Adhere to the ICD coding conventions, official coding and reporting guidelines approved by the Cooperating Parties, the CPT rules established by the American Medical Association, and any other official coding rules and guidelines established for use with mandated standard code sets.

   Example: Using current and/or appropriate resource tools that assist with proper sequencing and reporting to stay in compliance with existing reporting requirements.

   2.2. Select and sequence diagnosis and procedure codes, present on admission, discharge status in accordance with the definitions of required data sets in all healthcare settings.

3. Assign and report, in any format, only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, and requirements.

   Coding professionals **shall**:

   3.1. Apply skills, knowledge of currently mandated coding and classification systems, and official resources to select the appropriate diagnostic and procedural codes (including applicable modifiers), and other codes representing healthcare services (including substances, equipment, supplies, or other items used in the provision of healthcare services).

   Example: Researching and/or confirming the appropriate code for a clinical condition when not indexed in the classification.

4. Query and/or consult as needed with the provider for clarification and additional documentation prior to final code assignment in accordance with acceptable healthcare industry practices.

   Coding professionals **shall**:

   4.1. Participate in the development of query policies that support documentation improvement and meet regulatory, legal, and ethical standards for coding and reporting.

   Example: Guidelines for Achieving a Compliant Query Practice (2016 Update)[4]

   4.2. Use queries as a communication tool to improve the accuracy of code assignment and the quality of health record documentation.

Example: Designing and adhering to policies regarding the circumstances when providers should be queried to promote complete and accurate coding and complete documentation, regardless of whether reimbursement will be affected.

Example: In some situations a query to the provider will be initiated after the initial completion of the coding due to late documentation, etc., this should be conducted in a timely manner.

4.3. Query with established practice brief guidance when there is conflicting, incomplete, illegible, imprecise, or ambiguous information, (e.g., concurrent, pre-bill, and retrospective).

Coding professionals **shall not**:

4.4. Query the provider when there is no clinical information in the health record that necessitates a query.

Example: Querying the provider regarding the presence of gram-negative pneumonia on every pneumonia case/encounter.

4.5 Utilize health record documentation from or in other encounters to generate a provider query.

5. Refuse to participate in, support or change reported data and/or narrative titles, billing data, clinical documentation practices, or any coding related activities intended to skew or misrepresent data and their meaning that do not comply with requirements.

Coding professionals **shall**:

5.1. Select and sequence the codes such that the organization receives the optimal reimbursement to which the facility is legally entitled, remembering that it is unethical and illegal to increase reimbursement by means that contradict requirements.

5.2. Bring to the attention of the organization management any identified inappropriate coding practices that do not comply with requirements.

Example: Communicating with management and/or utilize organization's compliance hot line to report inappropriate coding practices.

Example: Bringing coding errors to the attention of the administration and/or coding leadership as soon as possible.

Coding professionals **shall not**:

5.3. Misrepresent the patient's clinical picture through intentional incorrect coding or omission of diagnosis or procedure codes, or the addition of diagnosis or procedure codes unsupported by health record documentation, to inappropriately increase reimbursement, justify medical necessity, improve publicly reported data, or qualify for insurance policy coverage benefits.

Example: Changing a code at the patient's and/or business office's request so that the service will be covered by the patient's insurance when not supported by the clinical documentation and /or requirements.

5.4. Exclude diagnosis or procedure codes inappropriately in order to misrepresent the quality of care provided.

Example: Omitting and/or altering a code to misrepresent the quality outcomes or metrics that is not supported by clinical documentation and requirements.

Example: Reporting codes for quality outcomes that inaccurately improve a healthcare organization's quality profile or pay-for-performance results (e.g. POA, risk adjustment methodologies).

6. Facilitate, advocate, and collaborate with healthcare professionals in the pursuit of accurate, complete and reliable coded data and in situations that support ethical coding practices.

   Coding professionals **shall**:

   6.1. Assist with and educate providers, clinicians, and others by advocating proper documentation practices and further specificity for both diagnoses and procedures when needed to more precisely reflect the acuity, severity, and the occurrence of events.

   Example: Providing regular education sessions on new requirements or requirement changes.

   Example: Reviewing and sharing requirements and Standards for Ethical Coding with providers, clinicians, and others.

7. Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements.

   Coding professionals **shall**:

   7.1. Maintain and continually enhance coding competencies in order to stay abreast of changes in codes, documentation, and coding requirements.

   Example: Participating in educational programs, reading required publications, and maintaining professional certifications.

8. Maintain the confidentiality of protected health information in accordance with the Code of Ethics.[3]

   Coding professionals **shall**:

   8.1. Protect all confidential information obtained in the course of professional service, including personal, health, financial, genetic, and outcome information.

   8.2. Access only that information necessary to perform their duties.

   8.3. Maintain a remote coding work area that protects confidential health information.

   Example: Health information should be protected from public and/or family viewing.

9. Refuse to participate in the development of coding and coding related technology that is not designed in accordance with requirements.

   Coding professionals **shall**:

9.1. Utilize all tools, both electronic and hard copy that are available to ensure accurate code assignment.

9.2. Recognize that computer assisted coding (CAC) and/or electronic encoders are only tools and are not a substitute for the coding professional's judgment.

9.3. Utilize electronic code and code title selection technology in a manner that is compliant with coding requirements.

10. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.

    Coding professionals **shall**:

    10.1. Act in an honest manner and bring honor to self, peers, and the profession.

    10.2. Represent truthfully and accurately their credentials, professional education, and experience.

    10.3. Demonstrate ethical principles and professional values in their actions to patients, employers, other members of the healthcare team, consumers, and other stakeholders served by the healthcare data they collect and report.

11. Refuse to participate in and/or conceal unethical coding, data abstraction, query practices, or any inappropriate activities related to coding and address any perceived unethical coding related practices.

    Coding professionals **shall**:

    11.1. Act in a professional and ethical manner at all times.

    11.2. Take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

    11.3. Be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. These include policies and procedures created by AHIMA, licensing and regulatory bodies, employers, supervisors, agencies, and other professional organizations.

    11.4. Seek resolution if there is a belief that a colleague(s) has acted unethically or if there is a belief of incompetence or impairment by discussing concerns with the colleague(s) when feasible and when such discussion is likely to be productive.

    Example: Taking action through appropriate formal channels (i.e., internal escalation process or compliance hot line, and/or contact an accreditation or regulatory body, and/or the AHIMA Professional Ethics Committee).

    11.5. Consult with a colleague(s) when feasible and assist the colleague(s) in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.

    Coding professionals **shall not**:

11.6. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-exhaustive list of examples includes:

- Participating in or allowing inappropriate patterns of retrospective documentation to avoid suspension and/or increase reimbursement
- Coding an inappropriate level of service
- Miscoding to avoid conflict with others
- Adding, deleting, and altering health record documentation
- Coding from documentation that is Copied and pasted from another clinician's documentation without identification of the original author and date
- Engaging in and supporting negligent coding practices
- Participating in or allowing inappropriate retrospective provider querying
- Reporting a code for the sake of convenience or to affect reporting for a desired effect on the results

Revised and approved by the House of Delegates December 12, 2016.

Footnotes

[1] Code of Ethics, October 2, 2011.

[2] Ibid.

[3] Guidelines for Achieving a Compliant Query Practice (2016 Update)

[4] Code of Ethics. Principle III.

Resources

Code of Ethics

Ethical Standards for Clinical Documentation Improvement (CDI) Professionals

ICD-10-CM Official Guidelines for Coding and Reporting

ICD-10-PCS Official Guidelines for Coding and Reporting

Article citation:
AHIMA House of Delegates. "American Health Information Management Association Standards of Ethical Coding [2016 version]" (AHIMA, December 2016)

HIMT Acceptance of Policies and Procedures Signature Sheet

I, _____ have received, read, and understand
(Print student's name)

the policies and procedures of the West Georgia Technical College HIMT Program as outlined in the WGTC Student HIMT Handbook. I also understand that I am responsible for complying with these policies and that a lack of adherence to these policies and procedures may result in disciplinary action by WGTC. I have been given the opportunity to ask questions and seek clarification.

Student's signature Date

NOTE: All policies and procedures as stated in this handbook are subject to change at any time at the discretion of the College with due notice to the student. Return signed form to Program Director which will then be placed in your student file.