# Wider World of Coding

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Coding reminds me of the parable of three blind men describing an elephant. Each one touches just one part of the elephant.

The blind man who examined the elephant's tail likened it to a straw fan swinging back and forth; the man who explored the legs described the elephant as being like two big trees without branches; the third, having felt only the trunk concluded that the elephant is like a snake, long and round and very strong.

The moral of the story, of course, is that reality is viewed differently depending upon one's perspective. None of the men could describe the elephant because they did not understand the total of the parts.

## The Many Facets of Coding

In the coding world, there are those who understand codes only as they relate to billing and payment. Researchers see the value of codes to summarize episodes of treatment for analysis. Others may understand codes as the basis for gathering vital statistics. Still others see codes only through the lens of fraud detection or compliance.

Each of these is a part of the whole truth because clinical classification systems are used for all these purposes and more.

In this issue, "Mortality Coding Marks 10 Years of ICD-10" reports on the 10th anniversary of ICD-10 use in the US to capture cause of death data.

In "Classifications without Borders" Sue Bowman and Rita Scichilone describe the World Health Organization's Family of International Classifications, a suite of classification systems. ICD-10 is a product of the World Health Organization, but so are the Classification of Health Interventions, the Classification of Functioning, Disability and Health, and the International Classification for Oncology.

I foresee a day when organizations use vocabulary servers to host a variety of valuable clinical vocabularies and classifications to enable more robust analysis of clinical and administrative data, thereby deriving greater value from electronic patient data.

## Accuracy Counts

Regardless of the use or the user, all agree that accuracy of coding matters. But accuracy is a multidimensional issue with many contributing factors, including a well-designed classification system, adequate medical record documentation, coder competence, and clear and consistent billing and data reporting rules and guidelines. Cathy Brownfield and Donna Didier describe the value of coding audits in "Making the Most of External Coding Audits."

William Edward Hammond, Charles Jaffe, and Rebecca Daniels Kush describe the benefits of standards development collaboration in "Healthcare Standards Development." For those who do not work with standards, this can be a complex topic, but it is important that HIM professionals understand the standards process and the standards being adopted for use in healthcare.

In "Present on Admission" Gail Garrett discusses what has been learned since the US began capturing the POA indicator on Medicare inpatient acute care claims in October 2007. HIM professionals will continue to have a key role in this process based on their responsibility for the collection, quality, and interpretation of the present on admission indicators.

AHIMA sponsored the first annual ICD-10 Summit in April, which brought together the stakeholders who must work to implement ICD-10-CM/PCS on October 1, 2013. This transition challenges the healthcare system to bring all parts of the

coding elephant into a whole so the US health system realizes the full potential of modern code set standards, not just for payment, but for all the uses of these ubiquitous—and useful—health data.

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