AHIMA believes the adoption of validated automated mappings is integral for the healthcare information infrastructure. If maps are to be utilized in healthcare applications they require validation by knowledgeable, objective third parties.

Clinical information within medical records has many legitimate use communities including care givers, patients, hospitals and healthcare institutions, payers, government and medical researchers.

In order to provide information to all with legitimate need, healthcare data must be translated between core reference terminologies, which maintain highly specific and descriptive patient care data, and administrative/epidemiologic classifications which are organized for aggregate reporting.

At its simplest, mapping is linking content from one terminology or classification scheme to another. It requires deciding how they match or, in some instances, are similar or don’t match at all. Mapping considers different purposes, levels of detail, and coding guidelines of source and target.

The mapping process employs a standard method in which the terminology context or classification description principles are interpreted between systems. Fully automating the process of mapping from a reference terminology to a classification system is challenging because of the inherent differences between a terminology and a classification.