Introductory ICD-10-AM
The International Statistical Classification of Diseases and Related Health Problems (most commonly known by the abbreviation ICD) provides codes to classify diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or disease. Under this system, every health condition can be assigned to a unique category and given a code, up to six characters long. Such categories can include a set of similar diseases.

The International Classification of Diseases is published by the World Health Organization (WHO) and used worldwide for morbidity and mortality statistics, reimbursement systems and automated decision support in medicine. This system is designed to promote international comparability in the collection, processing, classification, and presentation of these statistics. The ICD is a core classification of the WHO Family of International Classifications (WHO-FIC). The ICD is revised periodically and is currently in its tenth edition.

**What is ICD-10-AM**

- ICD-10-AM is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification.
- It consists of a tabular list of diseases and accompanying index.
- The ICD-10-AM disease component is based on the World Health Organization - WHO ICD-10.
- It uses an alphanumeric coding scheme for diseases.
- It is structured by body system and aetiology, and comprises three, four and five character categories.
Benefits of ICD-10-AM (Australian Version)

ICD-10-AM, the Australian modification, is the most commonly-used healthcare classification system globally, simply because it is the most practical version that has been implemented in many countries across Europe and around the world.

Benefits Of Applying ICD-10-AM:
1) Move your Health Information Management team to acceptable international standards.
2) Accurately, effectively, and efficiently maintain patients’ data.
3) Monitor and control healthcare expenses (e.g., Case-mix Analysis).
4) Enable channelling efforts and resources adequately and in a more effective manner.
5) Create an easier path to a national patient electronic record, and guidelines to support decision-making of physicians and other healthcare providers.
6) Facilitate communications with regulatory bodies and partners in the private & insurance sectors.

In-line with the Saudi Health Information Strategy, global trends, and WHO vision.
Course Information
This course has been designed by HIMAA in partnership with MedFormatix for students in KSA & ME region, who have no prior coding knowledge or who have limited coding experience and begins with the basics of disease and procedure classification and coding from medical record information. After successfully completing this course students will have the skills and concepts to code from medical records generated by an episode of care such as day surgery, planned surgery or simple medical problems.

It should be noted that this course is the 1st of 3 courses (i.e., introductory, intermediate, and advanced ICD-10-AM, ACHI and ACS) and assessment tests that need to be completed by students wishing to be HIMAA certified as Advanced Clinical Coder.

Prerequisite For The Course
The prerequisite for the course is a comprehensive knowledge of medical terminology. To ensure that those applying for enrolment have this level of knowledge HIMAA Education Services will only accept enrolments from those who have:

- Successfully completed HIMAA Comprehensive Medical Terminology.

Or

- Passed the HIMAA Challenge Examination in Medical Terminology within twelve months of the intake dates for enrolment in the Introductory ICD-10-AM, ACHI and ACS Clinical Coding Course.

ICD-10-AM Course Duration is 8 weeks, conducted on face to face, hands-on basis.
Course Objectives

After completing Introductory ICD-10-AM, ACHI and ACS 7th edition students should:

• Be familiar with the structure and organization of the five volumes of ICD-10-AM, ACHI and ACS 7th edition
• Understand the conventions and instructions used in ICD-10-AM, ACHI and ACS 7th edition.
• Be able to apply the Australian Coding Standards to clinical coding.
• Be able to select appropriate conditions and procedures for coding from medical records generated by an episode of care such as day surgery, planned surgery or simple medical problems.
• Be able to identify the principal diagnosis and principal procedure for an admission.
• Be able to assign complete and accurate codes from ICD-10-AM, ACHI and ACS 7th edition for diseases, conditions, injuries and procedures.

Course Content

The course is divided into fifteen modules, which contain:

1. Introduction to coding and coding diseases with ICD-10-AM.
2. Coding procedures with ACHI.
3. Australian Coding Standards and coding from medical records.
5. Coding neoplasms.
6. Coding blood, endocrine and mental disorders.
7. Coding nervous system, eye and ear diseases.
8. Coding circulatory diseases.
9. Coding respiratory, digestive and skin diseases.
10. Coding musculoskeletal and genitourinary diseases.
11. Coding pregnancy, childbirth and the puerperium.
12. Coding perinatal and congenital conditions.
13. Coding injuries and causes of injury.
14. Coding poisonings and causes of poisonings.
15. Revision (self-assessments and answers).