

# The **10-AM** Commandments

## Brachytherapy planning

**Is it acceptable to assign Z51.4 Preparatory care for subsequent treatment as the principal diagnosis when a patient is admitted for brachytherapy planning or should the principal diagnosis be the cancer?**

The NCCH advises that coders should assign the condition as the principal diagnosis for brachytherapy planning, as 'planning' is considered part of the treatment of the neoplasm. Z51.4 *Preparatory care for subsequent treatment, not elsewhere classified* is a non-specific code and the data collection is better served by coding the condition with the intervention code specifically describing the reason for admission.

## Electrochemotherapy

**What is the correct code assignment for electrochemotherapy?**

Electrochemotherapy is a therapeutic approach which facilitates the delivery of non-permeant drugs directly into the interior of a cell. This is achieved by the local application of short and intense electric impulses that transiently allow permeation of the cell membrane; and transportation of molecules that otherwise would not be permitted by the cell membrane.

Electrochemotherapy is becoming widely used to improve anticancer drug delivery into cells. Applying electric impulses to the area to be treated when the concentration of the drug in the tumour is at its peak has been effective in delivering non-permeant cytotoxic drugs, such as bleomycin, or low-permeant cytotoxic drugs such as cisplatin, directly into the targeted area. The treatment can be repeated over the course of weeks or months to achieve regression of large lesions.

There is no specific code in ACHI for electrochemotherapy. Assign an appropriate code from block [1920] *Administration of pharmacotherapy* with an extension of -00 for electrochemotherapy.

Where electrochemotherapy is performed on skin lesions, assign as an additional code either 30195-06 [1612] *Electrotherapy of lesion of skin, single lesion* or 30195-07 [1612] *Electrotherapy of lesion of skin, multiple lesions*, as appropriate.

## Excision of hydrocele of the canal of Nuck

**What is the correct code to assign for an excision of the canal of Nuck in an elderly woman?**

Hydrocele of the canal of Nuck is a rare condition in females. The canal of Nuck is the portion of the processus vaginalis within the inguinal canal, which normally undergoes obliteration during the first year of life. If obliteration fails in the distal portion of the canal, it may become distended with fluid, and results in a hydrocele of the canal of Nuck.

The correct code to assign for a laparoscopic excision of hydrocele of canal of Nuck is 35637-10 [1299] *Laparoscopic excision of lesion of pelvic cavity* following the index pathway:

Excision  
- lesion(s)  
- - pelvis  
- - - cavity, female (laparoscopic) (pelvic peritoneum) 35637-10 [1299]

For excision of hydrocele of canal of Nuck via laparotomy assign 35713-14 [1299] *Excision of lesion of pelvic cavity* following the index pathway:

Excision  
- lesion(s)  
- - pelvis  
- - - cavity, female (laparoscopic) (pelvic peritoneum) 35637-10 [1299]  
- - - - via laparotomy 35713-14 [1299]

## External cause code for adult walker with wheels

**What is the correct external cause code for a fall on the same level while pushing an adult walker with wheels?**

ACS 2009 *Mode of pedestrian conveyance* states:

"A pedestrian conveyance can be defined as 'something that serves as a means of transportation' and includes scooters, rollerskates, wheelchairs, skateboards, etc."

An adult walker with wheels does not meet the above definition of a pedestrian conveyance. That is, it is not used as a means of transportation but rather as an aid to walking.

Therefore, the correct external cause code for a fall, on the same level, while pushing an adult walker with wheels, is either W18.8 *Other specified fall on same level* or the appropriate code from category W01 *Fall on same level from slipping, tripping and stumbling*, depending on the circumstances of the fall.



## HALO ablation therapy

**What is the correct code to assign for HALO ablation therapy of the oesophagus?**

HALO ablation therapy is used in the treatment of Barrett's oesophagus – a pre-cancerous condition caused by chronic acid reflux or gastro-oesophageal reflux disease (GORD).

Traditionally Barrett's oesophagus has been managed with frequent endoscopic biopsy surveillance to detect progression to cancer. Ablation, the use of energy, to remove this diseased layer of cells from the oesophagus offers treatment of the disease before it has the opportunity to progress to cancer. For most patients healthy tissue replaces the ablated tissue in three to four weeks.

The HALO system is a very specific type of ablation, in which heat energy is delivered in a precise and highly-controlled manner, to remove the layer of diseased oesophageal tissue, without damage to the normal underlying structures and allowing replacement by normal cells.

Assign 30478-19 [856] *Oesophagoscopy with other coagulation* for HALO ablation therapy of the oesophagus.

Improvements to the codes in block [856] *Destruction procedures on oesophagus* will be considered for a future edition of ACHI.

## Kidney transplant failure/kidney transplant status

**A patient admitted to hospital is noted to have had a previous renal transplant which had failed and the patient was now requiring dialysis.**

**Should kidney transplant failure be assigned or kidney transplant status?**

Hyperacute rejections of transplanted kidneys are immediate and acute rejection is highest in the first three months after transplantation. However, acute rejection can also occur months to years after transplantation. Chronic transplant rejection is irreversible and cannot be treated effectively.

When deciding whether to code kidney transplant failure or kidney transplant status the coder should attempt to determine, from the information in the clinical record, whether the failed transplant is chronic and irreversible or in an acute rejection phase. Acute rejections will likely be the focus of the admission with the objective being the treatment of the rejection. For chronic irreversible kidney transplant rejection, the patient is likely to be on maintenance dialysis to treat the CKD stage 5.

Therefore, T86.1 *Kidney transplant failure and rejection* should only be assigned for acute kidney transplant rejections that meet the criteria for code assignment as per ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

Z94.0 *Kidney transplant status* should be assigned as per the following advice in ACS 1438 *Chronic kidney disease, Kidney replacement therapy* which states:

"For patients who have received a kidney transplant and documentation pertaining to this status satisfies criteria for coding under ACS 0002, assign Z94.0 *Kidney transplant status* together with N18.3 *Chronic kidney disease, stage 3 or higher*, as indicated by an eGFR level."

Therefore, for a patient with a failed kidney transplant who is now requiring dialysis, as per the scenario cited, assign Z94.0 *Kidney transplant status* in addition to N18.5 *Chronic kidney disease, stage 5*.

If it is impossible to determine whether the transplant rejection is acute or chronic, then the coder should seek clarification from the clinician.

## Laser treatment of intranasal telangiectases

**What is the correct code to assign for laser treatment of intranasal telangiectases, when performed both with and without endoscopy?**

The correct code to assign for endoscopic laser treatment of intranasal telangiectases is 52035-00 [419] *Endoscopic laser therapy of upper aerodigestive tract* following the index pathway:

Destruction  
- lesion  
- - intranasal  
- - - by endoscopic laser 52035-00 [419]

For laser treatment of intranasal telangiectases, without endoscopy, assign 90130-00 [374] *Local destruction of intranasal lesion* following the index pathway:

Destruction  
- lesion  
- - intranasal 90130-00 [374]

## Aortic valve replacement – mechanical versus bioprosthetic

**What is the correct code to assign for a valve replacement which is a combination of a bioprosthesis and a mechanical prosthesis, that is, a pig valve within a metal stent?**

The aortic valve described above should be assigned 38488-01 [623] *Replacement of aortic valve with bioprosthesis*. In porcine valves, the valve tissue is sewn to a metal wire stent, which acts as a frame, and is considered a bioprosthesis.

Mechanical valves do not contain any tissue. Examples include the *caged-ball, tilting-disk and bileaflet* valves.

The indexing of aortic valve replacements will be reviewed for a future edition of ACHI.

## Radial endoscopic ultrasound (EUS)

### What is the correct code to assign for radial endoscopic ultrasound (EUS)?

InACHI Sixth Edition, radial endoscopic ultrasound (EUS) should be assigned a code from block 1949 *Intraoperative ultrasound*, as appropriate.

InACHI Seventh Edition, radial endoscopic ultrasound should be assigned to the new code - 30668-00 [1949] *Endoscopic ultrasound*.

However, EUS should only be coded if it meets the criteria for code assignment as per the guidelines in ACS 0042 *Procedures normally not coded*.

## Repair of epigastric hernia

### What is the correct code assignment for repair of an obstructed epigastric hernia?

ICD-10-AM, as per the parent classification ICD-10, classifies an obstructed epigastric hernia to K43.0 *Ventral hernia with obstruction, without gangrene* following the index pathway:

Hernia, hernial  
- - epigastric — see *Hernia, ventral*  
- ventral  
- - with  
- - - obstruction K43.0

Category K43 *Ventral hernia*, has an includes note for *epigastric hernia*.

ACHI is based on the Medicare Benefits Schedule (MBS), where terminology for hernias differs to that in ICD-10. To assign a code for a hernia repair, follow the index pathways

provided inACHI, for the type of hernia documented, not the code assigned by ICD-10-AM.

The correct code assignment for repair of an obstructed epigastric hernia is 30615-00 [997] *Repair of incarcerated, obstructed or strangulated hernia*, by following the index pathway:

Repair  
- hernia  
- - epigastric (with graft) (with prosthesis)  
- - - incarcerated (obstructed) (with prosthesis) 30615-00 [997]

*Ventral hernia* is excluded at block [997]. A code from category [996] *Repair of other abdominal wall hernia* should only be assigned if a ventral or unspecified abdominal wall hernia is documented, which is not the case in the scenario cited.

A review of hernia repairs will be considered for a future edition ofACHI.

## Transanal endoscopic microsurgery (TEMS)

### What is the correct code to assign for TEMS?

Transanal endoscopic microsurgery (TEMS) is a technique used for the resection of rectal tumours. It combines the use of specialised equipment, including an operating proctoscope, gas insufflation and magnified stereoscopic views with conventional surgical preparation and suturing. TEMS overcomes the limitations of local resection and allows the removal of lesions through the anus that are not normally accessible.

## Australian Refined Diagnosis Related Groups (AR-DRG)

AR-DRG is a classification scheme based on ICD-10-AM/ACHI/ACS codes. It provides a way of grouping episodes of care in a hospital according to clinical characteristics and resource use.

AR-DRG Version 6.0 incorporates ICD-10-AM/ACHI/ACS Sixth Edition codes.

AR-DRG definition manuals are published by the Australian Government Department of Health and Ageing and distributed by the NCCH.

For further information and to order:

NCCH Sydney  
Telephone: +61 2 9351 9461  
E-mail: fhsNCCHsales@usyd.edu.au

# Version 6.0



The correct code to assign for TEMS is 32103-00 [933]  
*Per anal excision of lesion or tissue of rectum via stereoscopic rectoscopy, following the index pathway:*

Excision

- lesion(s)
- - rectum
- - - via
- - - - stereoscopic rectoscopy 32103-00 [933]

or

Excision

- tumour
- - rectum (per anal) (submucosal)
- - - via stereoscopic rectoscopy 32103-00 [933]

or

Rectoscopy

- stereoscopic, with excision of lesion, per anal 32103-00 [933]

## Viral hepatitis C

Following the ICD-10-AM index, the correct code to assign for viral hepatitis C, not otherwise specified is B17.1 *Acute hepatitis C*. However ACS 0104 *Viral hepatitis* gives advice which overrides the default in the Alphabetic Index. Is this correct, and if so, should the default in the index be amended as per the advice in the standard?

The ICD-10-AM Alphabetic Index defaults viral hepatitis type C to B17.1 *Acute hepatitis C* as per ICD-10. However, this is not supported by Australian clinicians and ACS 0104 *Viral hepatitis* was created in Second Edition to provide guidance on the classification of viral hepatitis.

Coders should follow the standard practice of searching for terms in the Alphabetic Index, and then verify code assignment by referring to the Tabular List and any applicable Australian Coding Standards.

Therefore, symptomatic hepatitis C without specification of acuity (ie acute or chronic) is classified to B18.2 *Chronic viral hepatitis C*, by following the guidelines in ACS 0104.

The indexing of viral hepatitis will be reviewed for a future edition of ICD-10-AM.

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**10-AM Commandments Sixth Edition** published in *Coding Matters* can now be viewed on the NCCH website. The commandments are conveniently displayed by title and can be expanded and collapsed as you browse.

**10-AM Commandments Sixth Edition** may also be viewed using the *Coding Matters* index and newsletter PDF documents also available on the NCCH website. The ICD-10-AM/ACHI/ACS Sixth Edition eComPress® software version includes the Commandments using active hyperlinks to the relevant sections of the classification.

Visit ICD-10-AM Sixth Edition Commandments online at: [www.fhs.usyd.edu.au/ncch](http://www.fhs.usyd.edu.au/ncch)

# ICD-10-AM/ACHI/ACS

Seventh Edition education program is now open for registration!

Registrations have now opened for the 2010 ICD-10-AM/ACHI/ACS Seventh Edition Education program, please visit <http://www.ncch.com.au>

## Education program

Education material containing all the changes that have been made to ICD-10-AM Sixth Edition to create the Seventh Edition has been provided via:

- a downloadable PDF file via the web – the pre-education material can be worked through at your own pace and includes all major and minor changes that have been made to ICD-10-AM/ACHI/ACS with exercises to help reinforce some of these changes. (This document is > 400 pages in length and will therefore take considerable time to work through in detail)
- optional (recommended) one day face-to-face workshops that will be conducted in all capital cities and many regional centres
- a workbook with a number of case scenarios and clinical record abstracts, to help illustrate the changes, will be distributed to participants for completion prior to attending the workshop. At each workshop there will be opportunity to discuss the answers with information also being provided on the main areas of change

## Pre-education program material can be accessed by:

- NCCH website via a PDF file **Free**
- ordering a CD-ROM **\$55** (incl. GST)
- ordering a hard copy of the PDF file **\$110** (incl. GST)

Access to the pre-education PDF file is via the NCCH website at <http://www.ncch.com.au> using a secure user name and password which will be issued once you have registered for the education program.

To complete the exercises in the pre-education and workshop material, access to ICD-10-AM/ACHI/ACS Seventh Edition is recommended however the pre-education exercises can be completed by accessing the pre-education material alone.

## ICD-10-AM/ACHI/ACS Seventh Edition education workshops – Cost \$198 incl.GST

Optional (but recommended) one day face-to-face workshops will be offered to Australian coders between May and June 2010 in all state and territory capital cities,

## ICD-10-AM/ACHI/ACS SEVENTH EDITION 2010 EDUCATION WORKSHOPS

as well as major regional areas. Attendance at workshops is optional, but provides an opportunity for coders to consolidate their learning and to also network with other ICD-10-AM/ACHI/ACS users.

### Completion of the pre-education material and coding workbook is mandatory for coders attending the workshops.

All registrants for the workshops will receive a workbook containing a number of case scenarios and clinical records to help illustrate the changes which are to be completed **prior** to attending. The workbook will be sent to participants, at least two weeks prior to the nominated workshop date, for completion. An answer book will be provided on the day plus morning tea and lunch, and tea/coffee will be available throughout the day.

Participants will need their own copies of ICD-10-AM/ACHI/ACS Seventh Edition in hard copy or the eComPress® version on laptop at the workshops plus your completed workbook. Educators will reinforce some of the main changes to the classification outlined in the pre-education material as well as providing answers to the case scenarios and clinical record abstracts. These workshops provide valuable opportunities for users of the classification to learn and discuss aspects of coding with Seventh Edition.

The workshops will commence at 9.00am and conclude at approximately 4.00pm and often fill very quickly so book early to secure your place. It is important that registrations are forwarded to the NCCH well in advance of a selected workshop in order that room bookings and catering arrangements can be made.

Maximum places offered for a workshop is fifty with the minimum being fifteen. If the minimum quota for registrations is not reached (exception being the Northern Territory and some regional areas) the workshop may be cancelled.

The workshop will focus on the following main areas of change which have been made to the classification:

- diabetes mellitus
- lymphoma/leukaemia
- obstetrics
- procedures not normally coded
- sepsis

## What you'll need to bring to the workshop

- a set of ICD-10-AM/ACHI/ACS Seventh Edition books or
- eBook installed on your own laptop computer and
- completed coding workbook
- writing equipment

Workshops are operated on the assumption that all

participants have completed the pre-education material and coding workbook before attending. Educators are unable to retrospectively review information covered in the education material at workshops.

**Cancellations received with more than 10 working days notice before a workshop will be refunded, less an administration fee of \$50.00. No refunds are available for cancellations received within 10 working days of a workshop.**

# WORKSHOP SCHEDULE

Please note: The NCCH reserves the right to cancel, reschedule or relocate workshops if target numbers are not reached.

The 2010 proposed workshop dates and locations\* are:

## AUSTRALIAN CAPITAL TERRITORY

22 June Canberra

## NEW SOUTH WALES

4 May Bankstown  
 5 May Bankstown  
 6 May North Ryde 1  
 7 May North Ryde 2  
 5 May Newcastle 1 – Full  
 6 May Newcastle 2  
 8 June Penrith – Full  
 8 June Dubbo  
 9 June Wollongong  
 10 June Tamworth  
 16 June Albury  
 24 June Lismore  
 29 June Coffs Harbour

## NORTHERN TERRITORY

1 June Darwin

## QUEENSLAND

1 June Brisbane 1 – Full  
 2 June Brisbane 2 – Full  
 3 June Brisbane 3 – Full  
 4 June Brisbane 4 - New  
 3 June Cairns  
 4 June Toowoomba  
 13 May Rockhampton  
 23 June Maroochydore

## SOUTH AUSTRALIA

25 May Adelaide 1 – Full  
 26 May Adelaide 2 – Full  
 27 May Adelaide 3 – Full

## TASMANIA

11 May Hobart

## VICTORIA

18 May Bendigo  
 19 May Melbourne 1 – Full  
 20 May Melbourne 2 – Full  
 21 May Melbourne 5 – Full  
 16 June Melbourne 3 – Full  
 17 June Melbourne 4 – Full  
 18 June Geelong

## WESTERN AUSTRALIA

12 May Perth 1  
 13 May Perth 2  
 14 May Perth 3

\*subject to change

NB: the minimum number of participants required for a workshop to be held is 15 participants otherwise the workshop will be cancelled.

## Win a free ICD-10-AM/ACHI/ACS Seventh Edition eBook....

Don't forget to register on-line for a workshop and you will be entered into a competition to win a Seventh Edition eBook.

# CONFERENCES 2010

Mar 18-19	Clinical Documentation, Coding & Analysis Conference	Melbourne, VIC	<a href="http://www.iir.com.au/conferences/healthcare/clinical-documentation-coding-analysis-conference">www.iir.com.au/conferences/healthcare/clinical-documentation-coding-analysis-conference</a>
April	Food Futures: An Australian Approach	Canberra, ACT	<a href="http://www.phaa.net.au/FoodFuturesConference.php">www.phaa.net.au/FoodFuturesConference.php</a>
April 14-15	eHealth – Nation co-ordination and alignment	Sydney, NSW	<a href="http://www.national-ehealth.com/index.php">www.national-ehealth.com/index.php</a>
May 10-11	The Australian Health & Medical Ethics Roadshow	Melbourne, VIC	<a href="http://www.qctn.com.au">www.qctn.com.au</a>
May 12-13	The Australian Health & Medical Ethics Roadshow	Sydney, NSW	<a href="http://www.qctn.com.au">www.qctn.com.au</a>
May 23-26	CeBIT Australia	Sydney, Australia	<a href="http://www.mycebit.com.au/rego2010/index.php">www.mycebit.com.au/rego2010/index.php</a>
May 26-28	HIMSS AsiaPac - Transforming Healthcare Through IT	Beijing, China	<a href="http://www.himssasiapac.org/expo10/index.aspx">www.himssasiapac.org/expo10/index.aspx</a>
July 16	2nd International Workshop on Intelligent Environments Supporting Healthcare and Well-being (WISHWell'10)	Kuala Lumpur, Malaysia	<a href="http://www.ucc.ie/jod/WISHWell10.html">www.ucc.ie/jod/WISHWell10.html</a>
July 14-16	ACHSE National Congress	Freemantle, WA	<a href="http://www.achse.org.au">www.achse.org.au</a>
Aug 17-19	12th National Immunisation Conference	Adelaide, SA	<a href="http://www.phaa.net.au/12thNationalImmunisationConference.php">www.phaa.net.au/12thNationalImmunisationConference.php</a>
Aug 24-26	HIC 2010 Informing the Business of Healthcare	Melbourne, VIC	<a href="http://www.hisa.org.au/hic2010">www.hisa.org.au/hic2010</a>
September 13	MedInfo 2010	Capetown, South Africa	<a href="http://www.medinfo2010.org/">www.medinfo2010.org/</a>
Sept 17-19	Public Health Association of Australia (PHAA) 40th Annual Conference	Adelaide, SA	<a href="http://www.phaa.net.au/40thPHAAAnnualConference.php">www.phaa.net.au/40thPHAAAnnualConference.php</a>
Oct 28-29	HIMSS Asia'10 Health IT Leadership Summit	Daegu, South Korea	<a href="http://www.himssasiapac.org/summit10/index.aspx">www.himssasiapac.org/summit10/index.aspx</a>
Nov 15-19	16th Congress of International Federation of Health Records Organizations	Milan, Italy	<a href="http://www.ifhro.org/">www.ifhro.org/</a>

Conference information is also published at the NCCH website [www.fhs.usyd.edu.au/ncch](http://www.fhs.usyd.edu.au/ncch)

## Attention!

### Health Information Managers and Clinical Coders

The NCCH needs case scenarios or clinical record abstracts for possible use in future education workshops!

If you have a case that can be used, please either send a *de-identified* copy to the NCCH or summarise the case and email it...

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**coding matters**



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# ICD-10-AM/ACHI/ACS

## SEVENTH EDITION



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