

ICD-10-AM/ACHI/ACS Coding Query Form

Clinical Coding Authority of Queensland

Name:				Date:	
Email:				Phone:	
Organisatio	on / Facility:	:			
Query Topi	C:				
Are you seeking clarification on:				Coding advice consulted (include reference number): National Coding Advice Other Jurisdictional Advice	
ICD-	10-AM	ACHI	ACS	National Coding Advice	Other Jurisdictional Advice
List relevant ACS References				List other relevant reference sources	
QUERY: Please ensure the query and attachment/s do not contain information that could identify the patient, clinician or facility. Refer to https://www.oic.qld.gov.au/about/privacy					

 $\textbf{Email completed form and relevant attachments to } \underline{\textbf{CCAQ@health.qld.gov.au}}$