



Attach patient identification label

URN:

Episode:

Patient Name:

Date of Birth: Sex:

Patient Details

DOCUMENTATION QUERY

Clinician: Speciality: Ward:

Admission date: ____ / ____ / ____ to ____ / ____ / ____

Your clinical judgement is required to clarify the following to support accurate and complete documentation, clinical classification, and reporting requirements.

Dear

The operation report for this patient's documents MBS item which suggests division of abdominal adhesions.

However, there is no text in the operation body describing adhesiolysis to allow for code assignment. If possible, can you please clarify whether this operation included division of adhesions?

- a. Yes
- b. No
- c. Other (please specify)
- d. Unable to clinically determine

Details / further comments:

Print Name:

Clinician Signature: Designation: Date: ____ / ____ / ____

HIM / CDS / Clinical Coder: Signature: Date: ____ / ____ / ____

Method of Contact: E-mail ☐ Phone ☐ Fax ☐ Meeting ☐

BINDING MARGIN – DO NOT WRITE IN THIS AREA

DOCUMENTATION QUERY