

REPORT OF ICD-10-CM QUESTION/ISSUE

Submit to: Qiudi.Wang@dhhs.nc.gov

Submitter Name: _____

Submitter Phone Number: _____

Submitter E-mail Address: _____

Agency Name: _____

Type of Coding Question/Issue: HIS/Billing Issue Cannot find/unsure of appropriate code
 Documentation Question/Issue Other

Description of Coding Question/Issue: _____

(For Use By DPH Staff)

Assigned To: _____

Resolution or Recommended Action: _____

