

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

**Request for ICD-10 CODE
From A Diagnosing Professional**

The Division of Services for People with Disabilities (DSPD) is requesting an ICD-10 Code and Diagnosis for the above identified patient for the purposes of identifying if he/she meets eligibility requirements. DSPD serves people with Intellectual Disabilities or Related Conditions, Acquired Brain Injuries, and physical disabilities resulting in the functional loss of two or more limbs.

Please return this form within 10 days to start the eligibility process. If you need help completing this form, please contact DSPD at 1-844-ASK-DSPD (1-844-275-3773) from 9:00 a.m. to 5:00 p.m., Monday through Friday.

From:	
Name of Professional:	_____
Credentials:	<input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> MD <input type="checkbox"/> DO
Address:	_____
Telephone:	_____
To:	
Division of Services for People with Disabilities	
Attn: Intake Unit	
475 West Price River Drive #262	
Price, UT 84501-2858	
Regarding:	
Patient Name:	_____
DOB:	_____

Response from Diagnosing Professional:
Per your request for an ICD-10 Code and Diagnosis, I have reviewed _____,
medical documentation. *Patient's Name*

It is my conclusion that the patient listed above meets the following primary ICD-10 Code and Diagnosis.

ICD.10 Code: _____ Diagnosis: _____

If additional ICD 10 CM Codes and Diagnoses apply, please list below:

ICD.10 Code: _____ Diagnosis: _____

ICD.10 Code: _____ Diagnosis: _____

ICD.10 Code: _____ Diagnosis: _____

Signature: _____	Today's date: _____
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