

Request for ICD-10 code

Form 18

Version Date: April 2025

PRIVACY NOTICE: The information you provide on this form will be used to determine eligibility for division services. It will be used only by DHHS, if needed, or by a person or party contracted with DHHS. Without this information, we cannot make a determination about your eligibility. This data is part of record series 15376.

Instructions:

The Division of Services for People with Disabilities (DSPD) requests confirmation of an ICD-10 diagnostic code for the applicant identified below in order to determine whether they meet service eligibility requirements. The form must be completed and signed by a medical professional whose scope of licensure includes the ability to render diagnoses. If you need help completing this form, please contact DSPD at 1-844-275-3773, Monday through Friday from 8 am to 5 pm.

Send completed form by email, mail, or fax.

Mail: Division of Services for People with Disabilities
Attn: Intake
475 W Price River Dr. #262
Price, UT 84501

Email: dspdintake@utah.gov

Fax: 801 538-4279

Applicant information

Name:

DOB:

Medical professional information

Name:

Phone number:

Credentials:

Diagnosis:

Certification

It is my conclusion that the Applicant meets the following primary ICD-10 code(s) and diagnosis(es):

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:

Date: