

# REQUEST ICD-10 CODE FROM A DIAGNOSING PROFESSIONAL

FORM: 18  
Version: 5/2024

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: Licensed psychologist MD DO

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**To:**

Division of Service 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 for the following person:

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: \_\_\_\_\_

Signed: \_\_\_\_\_ Today's date: \_\_\_\_\_