

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES
Request for ICD 9 CM Code from Licensed Physician

Please return this form in the enclosed stamped envelope within 10 days to start the eligibility process. If you need help completing this form, please contact (Worker Name) at (Worker Phone) from 9:00 a.m. to 5:00 p.m., Monday through Friday

From:
(Name of licensed physician here)

To:
Name of DSPD Worker:
Street Address:
City, State ZIP code:
Dear [*DSPD Worker Name*],

Per your request, for an ICD 9 CM diagnostic code of brain injury, I have reviewed [*Patient Name's*], medical documentation.
It is my conclusion that [*Patient Name*] meets the following ICD 9 CM code and diagnosis of brain injury:

ICD 9 CM Code: _____

Diagnosis: _____

Cause of Brain Injury: _____

If additional ICD 9 CM Codes and Diagnoses apply, please list below:

Dated on [*Date*]
[*Signature and Printed Name of Licensed Physician*]
[*Physician Address*]
[*Physician Telephone Number*]