

**DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES**

**Request for ICD 9 CM Code  
From A Licensed Physician**

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.

Return to:  
Division of Services for People with Disabilities  
Intake Unit  
475 West Price River Drive #262  
Price, UT 84501-2858

DSPDIntake@utah.gov

Per your request, for an ICD 9 CM diagnostic code of brain injury, I have reviewed

\_\_\_\_\_ medical documentation.

Patient's name

It is my conclusion that the patient listed above 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:

--

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number