**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**ICD-10 Diagnosis Change Request Form**

Used to request changes to the Primary or Secondary Diagnosis listed on the Diagnosis tile in iRecord.

|  |  |
| --- | --- |
| **Identifying Information** | |
| Individual’s Name: Click to enter text.  DDD ID #: Click to enter text. | Date of Request: Click to enter a date.  County of Residence: Choose an item. |

|  |  |
| --- | --- |
| **Request Information** | |
| Name and relationship of the person initiating this request? Click to enter text. | |
| Please provide any related background information you may have: Click to enter text. | |
| Diagnosis Requested for **Removal:**  Click to enter text. | Diagnosis Requested for **Addition:**  Click to enter text. |
| If this request is to **modify** a diagnosis, not clearly captured under “Removal” / “Addition”, please explain:  Click to enter text. | |
| Has the supporting medical documentation related to this request been uploaded in iRecord? Yes No  Document Name and Upload Date in iRecord: Click to enter text. | |

|  |  |
| --- | --- |
| **Submitted by:** | |
| Name of Support Coordination Agency: Click to enter text. | |
| Name of SC: Click to enter text.  Phone #: Click to enter text.  Email: Click to enter text. | Name of SCS: Click to enter text.  Phone #: Click to enter text.  Email: Click to enter text. |

|  |
| --- |
| **For DDD Use:** |
| Request reviewed by: Click to enter text.  Forwarded to: Click to enter text.  Request Approved  Request Denied  If approved, date of change completed in iRecord: Click to enter a date.  If denied, please explain: Click to enter text.  Case note has been entered **and** SCA has been informed: Yes  No |

**Instructions**:

1. The Support Coordinator shall upload this request form and supporting medical documentation in iRecord.
2. The Support Coordinator shall send an email without attachments to [Ddd.njapply@dhs.nj.gov](mailto:Ddd.njapply@dhs.nj.gov) using the Subject Line: “ICD Coding, (County of Residence)”.

**Please note:** The Division’s ICD-10 coding focuses on ID/DD related diagnoses. The system does not accommodate general medical diagnoses or mental health diagnoses other than “F99, Psychiatric Disorder or Problem”. For this reason, requests to change or add a more specific mental health diagnosis, or to add any diagnosis that is not ID/DD related, cannot be processed.