**ICD9, CPT, HCPCS/DME Code & Formulary Request Template**

**Purpose:** Document / mechanism to communicate and track requests for additional code(s) / drug(s) to be added for coverage in the program. Once approved on this form, the code(s) / drug(s) would be updated and published in the code book.

**Origin of Request:**   **Requestor:**

**Date of Request:**       **Request Urgency:**

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| **Section 1: Code Information** |

**Code Type:**  **Code / Medication:**

**AMA Description:**

**Rationale:**

(Convincing Logical Details in Specific Terms)

**Previous Case:** Yes [ ]  No [ ]

 If yes, type of Case:

 Case Number:

 Decision Rendered:

 Date of Decision:

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| **Section 2: Code Classification** |

**ICD9 Group Code:**  **ICD9 Category:**

**ICD9 Certification Code:**  **ICD9 Subcategory:**

**CPT Code Plan:**

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| **Section 3: WTCHP Nationwide Provider Network Comments** |

**Medical Director Comments:**

**Date Submitted:**

 (By Account Services)

|  |
| --- |
| **Section 4: WTCHP Decision** |

**WTCHP Approval:**

**Comments / Usage Guidance:**

**Concurrence with Code Classifications:** Yes [ ]  No [ ]

If No, Adjustment Made Above: Yes [ ]  No [ ]

**Date Approved:**