



Request for Additional Diagnosis in UNI/Care

Santa Clara County Behavioral Health – Mental Health Department

This form is to be completed by the clinician for the purpose of adding additional ICD-10 code/s that are currently not within the UNI/Care system.

Please check the *Added Diagnosis in UNI/Care after 10-1-15* at <https://www.sccgov.org/sites/mhd/Providers/Training/Pages/default.aspx>.

Agency Name: _____ Date: _____

Name of

Requestor: _____ Credential: _____ Telephone: _____

Example, ICD-10 Code (Fxx.x)	Description of Diagnosis
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Comments:

Program Manager signature: _____

Date: _____

Once the form is completed, submit it to the Quality Improvement (QI) office via fax to (408) 288-6113.

Form Reviewed By: _____

Date: _____

Form Approved BY: _____

Date: _____