



WTC-5 Medical Code Request Form

****SENSITIVE BUT UNCLASSIFIED****

Submission Instructions: Please complete this form. Please apply the following naming convention for labeling the WTC-5 request PDF: WTC-5_code number. Please note file name should **not** include more than three code numbers with each number separated by an underscore. Send completed requests in digital form to the World Trade Center (WTC) Health Program at WTCMedCode@csra.com. Scanned or faxed requests will not be accepted and will be sent back for resubmission. Please do not include any member personally identifiable information (PII) in the request. Incomplete forms or forms with insufficient information will not be reviewed, but instead will be sent back to the requestor for completion and/or modification.

Request Type:

New ☐

Redo ☐

Please note: All requests (new or redo) must be received by Wed. 5PM EST to be reviewed within the current week.

Provider/Requestor Information

Requestor Name:	Requestor Phone:
Requestor Credentials:	Request Date:
Requestor Email:	CCE/NPN Name:

Code Request Information

Please use standard naming conventions for code descriptions. This means the code description of the requested code should be written **exactly** as it appears in the ICD-10-CM or CPT/HCPCS code manuals.

Code:	Procedure Codebook Placement:
ICD Condition Type Request:	ICD Codebook Placement:
Code Description:	
Additional ICD or Procedure Codebook Placements (<i>Use an option(s) from the applicable drop-down menu above</i>):	
Code:	Procedure Codebook Placement:
ICD Condition Type Request:	ICD Codebook Placement:
Code Description:	
Additional ICD or Procedure Codebook Placements (<i>Use an option(s) from the applicable drop-down menu above</i>):	
Code:	Procedure Codebook Placement:
ICD Condition Type Request:	ICD Codebook Placement:
Code Description:	
Additional ICD or Procedure Codebook Placements (<i>Use an option(s) from the applicable drop-down menu above</i>):	

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Rationale: (Please describe the medical condition or procedure/service represented by this code. Please also include published, peer-reviewed, clinical evidence-based information on the medical necessity [to manage, ameliorate or cure a WTC-related or medically associated condition] of this code and its relationship to a WTC-related/medically associated condition. Refer to the WTCHP Regulations "Definitions" section here (<https://www.cdc.gov/wtc/regulations2.html>) for understandings of WTC-related, medically associated and/or medically necessary treatment coverage.

Please include appropriately cited sources in standard scientific citation format/style [ex: APA] **and** the website link for each source. If the request is for an ICD code addition as a medically associated condition, please note **to which** WTC-related condition it is being associated **and how** it is associated [due to progression of the WTC-related condition or due to treatment of the WTC-related condition]. If the requested ICD code is intended for differential diagnosis purposes and not for treatment purposes, please specify that in this rationale.

Please note that the program does not cover treatments for differential diagnoses. Please also explain why existing codes in the WTC Health Program codebook cannot be used for the desired medical condition or procedure/service represented by this code.)

References & Citations: Please include appropriately cited sources in standard scientific citation format/style [ex: APA] **and** the website link for each source.