

**UMMG - IDX
BAR**

Dictionary Maintenance Form

**BILLING AREA
DICTIONARY #202**

*This form is to be completed and signed by the
Departmental Senior Clinical Administrator or Billing Manager.*

PART A

Date: _____

Check the appropriate box:

Add (complete Part B) **Deactivate** **Update**

Division: _____

Billing Area Name: _____

Billing Area Telephone No. _____

Billing Area Medicare Billing Code _____

Billing Area Medicaid Billing Code _____

Billing Area Address (line #1) _____

Billing Area Address (line #2) _____

City/State/Zip Code _____

Reporting Category: _____

Invoke Department Parameter **Yes** **No**

Contact Person: _____

Contact Telephone No. _____

PART B **For New Billing Area Only** *Select all that apply:*

- Billing Area requires its own A/R report.**
- Billing Area has its own Medicare and/or Medicaid Group Number.**
- Billing Area is driven by a specialty or subspecialty.**
- Billing Area is linked to a specific contract, grant, or financial arrangement that requires special billing and/or reporting.**
- Billing Area must track its revenue separate from all other billing areas.**

DEPT **Effective Date:** _____
Department: _____
Submitted by: _____
Telephone #: _____

UMMG-IDX **Processed by:** _____
Billing Area Numeric Code: _____
Billing Area Mnemonic: _____
Date: _____
HCFA Specialty Code: _____

**Fax the completed form to Attn: Dictionary Maintenance at 243-7355.
Please keep a copy for your departmental records.**