

**UMMG - IDX  
BAR**

**Dictionary Maintenance Form**

**DIAGNOSIS  
DICTIONARY #36**

*Please complete the form, obtain TPR approval and fax to UMMG-IDX.*

Check the appropriate box:

Add     Deactivate     Update

**Date:** \_\_\_\_\_

**ICD-9-CM Description:** \_\_\_\_\_

**ICD-9-CM Code No:** \_\_\_\_\_

**DX requires pre-certification?**  Yes  No

**High Age Limit** \_\_\_\_\_

**Low Age Limit** \_\_\_\_\_

**Sex Specific?**  M  F

**Has the Diagnosis been Specified to the highest level?**  Yes  No

**Does this Diagnosis require a paper claim?**  Yes  No

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**DEPT**                      **Effective Date:** \_\_\_\_\_  
**Division:** \_\_\_\_\_  
**Submitted by:** \_\_\_\_\_  
**Telephone #:** \_\_\_\_\_

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**TPR**                      **Approved by :** \_\_\_\_\_  
**Date :** \_\_\_\_\_

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**UMMG-IDX**              **Processed by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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***Fax the completed form to 243-7355.  
Please keep a copy for your departmental records.***