

**UMMG - IDX
BAR
Dictionary Maintenance Form**

**MODIFIERS
DICTIONARY #5**

Please complete this form, obtain TPR approval, if no documentation is attached to this request, and fax to UMMG-IDX.

Check the appropriate box:

Add **Deactivate** **Update**

Date: _____

Modifier Description: _____

Modifier Code No: _____

From: **Medicare** **Medicaid** **Other** _____
(attach supporting documentation from Medicare, Medicaid Newsletter or HCFA Bulletin)

Medicare Code: _____

Blue Shield Code: _____

Medicaid Code: _____

Percent of Charge: _____

.....
DEPT **Effective Date:** _____
Division: _____
Submitted by: _____
Telephone #: _____

.....
(Approval required if no supporting documentation is attached to this request.)
TPR **Approved by :** _____
Date : _____

.....
UMMG-IDX **Processed by:** _____
Date: _____

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