

UMMG - IDX BAR

Dictionary Maintenance Form

PROCEDURE CODE DICTIONARY #1

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

Check the appropriate box:

Add Deactivate Update Date: _____

Procedure Code Name: _____

Procedure Code No: _____

Charge Type Code: Time Daily Standard Modifier(s): _____

Category: _____ T.S.P. _____

Attach information to: Check the appropriate boxes:

Medicare Claim Medicare Code _____
 Medicaid Claim Medicaid Code _____
 Blue Shield Claim Blue Shield Code _____

Does this procedure count as an encounter? Yes No As a treatment? Yes No

Is this procedure a surgery? Yes No Pre-surgery days _____

Search for Follow-up days? Yes No Follow-up days _____

HMO Pre-certification needed? Yes No Requires Referring Physician? Yes No
UPIN # ? Yes No # _____

High Age Limit: _____ Low Age Limit: _____ Sex Specific? M F

Charge Amount: _____ Effective Date of Current Fee: _____

Profile Amount: Medicare: _____ Medicaid: _____

RVU: _____

Does the CPT Require Modifier 26? Yes No Which Facility?

Under what conditions? _____

Does this CPT require a paper claim? Yes No

DEPT

Effective Date: _____
Division: _____
Submitted by: _____
Telephone #: _____

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.*