

Code Request Form

Updated May 29, 2024

***Please complete this form and email it to: OMS.referencefile@maine.gov**

*Submission and/or review of claims data does not guarantee retroactive contractual agreements or claim payments.

Requester Name: _____ Today's date: _____

Check the box to indicate code action for this request:

Add new Revise Delete

Code: _____ Modifier: _____

Requested effective date: _____

Reason for requested change:

Please describe where the request originates from. Include provider name, National Provider Identifier (NPI), provider type and/or specialty:

Denied TCN examples:

Comments/additional information:

