| ARIZONA HEALTH CARE COST CONTAINMENT SYSTEMREFERENCE TABLE REVIEW AND UPDATE (RTRU) Tracking #: SEND THIS IN WORD FORMAT- NO PDF |
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| Date:       Medical Coding Update:       Behavioral Health Services Matrix Update:       Requestor Name:       Requestor E-Mail Address:       E-Mail Address:      Division/Organization:       |
| Please fill out all applicable items below. CPT/HCPCS code, any modifiers, place of service, provider types, and reason for request. Attach all appropriate documentation to support your request. Please list policy if applicable. |
| CHANGE REQUEST:Who is requesting: Provider/Entity Information: Yes [ ]  Health Plan: Yes [ ]  Internal Staff: Yes [ ]  Phone:       Detailed reason for request (List codes, dates of service, modifiers along with all related documentation to support request. Include the date you would like the change to take effect, there is a limit on how far back we will update. This will expand when you type in box):        |
|  SECTIONS BELOW ARE FOR AHCCCS INTERNAL USE ONLY: (RTRU TEAM OR MCU TEAM) |
| RF Table:       RF Table:       RF Table:       RF Table:       RF Table:       Other RF Table:       Submitted for Financial Review Committee? Yes [ ]  No [ ]  Date reviewed and decision:       CBRT Meeting for approval? Yes [ ]  No [ ]  Date CBRT Meeting and decision:        |
| REASON FOR APPROVAL OR DENIAL: |
|       |
| DETAILED COMMUNICATION TO REQUESTOR: DATE:       |
|       |
| Completed By:       Date:       |