



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM REFERENCE TABLE REVIEW AND UPDATE (RTRU)

Tracking #:

SEND IN WORD DOCUMENT ONLY- REQUEST SUBMITTED IN ANY OTHER FORMAT WILL BE REJECTED

Date: Click or tap to enter a date. Type of Update Requested: Choose an item.

Requestor Name: Requestor E-Mail Address:

Division/Organization: Provider/Entity Information: Phone:

Health Plan: Yes [] Internal Staff: Yes []

Please enter applicable request(s): Attach all appropriate documentation to support your request. No PHI is needed.

List policy if applicable:

CPT/HCPCS code(s):

ICD 10 CM: ICD 10 PCS: Modifiers: Place of Service:

Provider Type:

CHANGE REQUEST: (There is a limit on how far request will be backdated.)

Date of first Denial: Click or tap to enter a date.

Detailed reason(s) for request: Click or tap here to enter text.

DO NOT FILL BELOW THIS LINE AHCCCS INTERNAL USE ONLY

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: