INSTRUCTIONS FOR RTRU

(REFERENCE TABLE REVIEW AND UPDATE)

1. This form must be filled out completely, any missing items will be sent back for clarification.

**Do not use: The Tracking # is for AHCCCS internal use only!**

1. This section is to be filled out by the person who is requesting or receiving a request. The following areas need to be filled out:

Date: (Today’s date)

Medical Coding Update (Yes, if this is an update to the system)

Behavioral Health Services Matrix Update: (Yes, if this is an update to the matrix)

Requestor Name: (Your name here)

Requestor E-Mail Address: (Email address for response)



1. This section is to be filled out by the requestor. The following areas need to be filled out by the completely to avoid delays and multiple emails:

Who is requesting: (Mark appropriate box)

Phone: (Your phone number)

**Detailed reason for request**: This area will expand as you type, it has an unlimited area for you to add your responses: (Be very specific dates, codes, provider type, modifiers, related policy, and related documentation to support your request, date you need this request to cover, etc.)

1. Once you complete this section, please send your request via email to:

[CodingPolicyQuestions@azahcccs.gov](mailto:CodingPolicyQuestions@azahcccs.gov)

1. Do not fill out anything below this section!



1. Once your request has been reviewed/processed you will be notified.