| **A logo with text on it  Description automatically generatedARIZONA 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**: Click or tap here to enter text. **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**: Click or tap here to enter text.  **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:** |