| **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:**       |