The required sections listed below must be filled in completely, any missing items will be rejected and sent back for clarification.

1. This section should be completed by the person requesting the update
   - **Date:** Click in this section to select date request submitted
   - **Type of Update Requested:** Select the type of update from list
   - **Requestor Name:** (Your name here)
   - **Requestor E-Mail Address:** (Email address for response)
   - **Division/Organization:** Complete if applicable
   - **Provider/Entity Information:** Complete if applicable
   - **Phone:** Requestor's phone number
   - **Health Plan:** This section is for AHCCCS Health Plans

2. This section is to be filled out by the requestor. The following areas need to be filled out completely to avoid delays in processing. Each section will expand to allow the requestor to add as much information as may be needed.
   - List policy if applicable
   - CPT/HCPCS - List the specific code in question
   - ICD 10 CM - List the specific code in question
   - ICD 10 PCS - List the specific code in question
   - Modifier - List the specific modifier in question
   - Place of Service: Select POS from list
   - Provider Type - List the specific provider type in question. Do not include any PHI in this section

3. Change Request: **_Be advised there is a limit to how far back a request can be backdated._** It is important for providers to submit RTRU requests as soon as possible.
   - **Date of first Denial:** Click to select date claim was denied, this must be the date denied, not the date you wish us to consider
   - **Detailed reason for request:** This section will continue to expand to allow the requestor to add as much information as needed to explain and/or support the request. Do not include PHI if possible.

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

   CodingPolicyQuestions@azahcccs.gov
   ****SUBMIT FORM AS WORD DOCUMENT ONLY.****
   REQUEST IN ANY OTHER FORMAT WILL BE REJECTED

5. Once your request has been reviewed you will be notified of the approval or denial.

6. Most updates will appear in our system within 72 business hours. Updates are sent to health plan(s) on the 15th and 30th of the month.

01/16/2025