

# Mode of Service/Procedure Code Change Form

Today's Date:	Reporting Unit:
Name of Agency/DBH Clinic:	Medical Certified <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate Date Certified
Program Name:	Organization NPI:
Contract Name:	
Current Modes of Service Certified for under this RU:	
Agency Contact and Contact Information:	
Codes Requested:	
Additional mode of service requested:	
Other:	
PM review and signature (please print name):	QM review (please print name):
Changes made on what date and by whom:	
IT review and signature (please print name):	

**Attachments required:**

Attached

- Provider Balance for current RU set up (Obtain from ASG)
- If contract agency, Current Schedule A for requesting RU (Obtain from Contract)
- Copy of current Medi-Cal Certification

**Note:** this form will not be processed without the provider balance, schedule A and current Medi-Cal certification. If these documents are not attached, the form will be routed back to you.

Please fill out form completely and turn into Program Manager II overseeing your program for signature. Once the PM II signs the form, they will forward to QM. QM will review and advise IT as to next steps.

<b>Routing:</b>					
Fiscal	<input type="checkbox"/>	IT	<input type="checkbox"/>	Program Contact	<input type="checkbox"/>
Business Office	<input type="checkbox"/>	Research and Evaluation	<input type="checkbox"/>	Agency Contact	<input type="checkbox"/>