Dental Prior Authorization Request Form

Instructions

- Complete this form fully and legibly. All fields with an asterisk (*) are required.
- For questions, call **(801) 538-6155** or toll free **(800) 662-9651** and select options **3, 3, 1**.
- For policy related to Dental or Orthodontia click here.
- Submit the completed form and all supporting documentation for the requested service to the appropriate fax number below.

Program	FAX	Email	Address
Dental	801-536-0958	fax_dental_prior@utah.gov	Utah Medicaid Prior Authorization Unit PO BOX 14311 Salt Lake City, UT 84114-3111
TAM Dental	801-323-1560	fax_tamdentalservices_prior@utah.gov	

Member Information

1. Name (First, Middle Initial, Last):*		2. Medicaid ID#:*
3. Date of Birth:*	4. Age:*	5. Gender: ☐ Female ☐ Male
6. Has eligibility been verified? * https://medicaid.utah.gov/eligibility/ ☐ No ☐ Yes		
7. Is the member enrolled in a managed dental program? * ☐ No ☐ Yes, contact the member's dental program		
8. Is the request for a carve-out service? ☐ No ☐ Yes		

Provider Information

9. Requesting Provider:*		10. NPI:*
11. Address:*		
12. Contact person:*		13. Phone #:*
14. Contact information:* Fax #:	Or	Email address:
15. Facility/Clinic Name:		16. NPI:
17. Facility/Clinic Address:		

Request Information

18. Does the code require a prior authorization?* ☐ No ☐ Yes https://health.utah.gov/stplan/lookup/CoverageLookup.php		
19. Date of submission:*	20. Requested date(s) of service:*	OR ☐ TBD
21. Total pages:	22. Request a change to a previous PA?* ☐ No ☐ Yes, Previous PA#:	
23. Is this a retroactive request? * ☐ No ☐ Yes, list reason (Required if "Yes"):		
24. If the request requires expedited review for medically necessary circumstances and delay of services may result in harm to the patient, provide additional justification **AND** call us at (801) 538-6155 or (800) 662-9651 (options 3, 3, 9).		
25. ICD 10 CM Code and/or Diagnosis Description:		

26. Dental Code*	27. Code Description*	28. Units*	29. Quadrant(s) (required for SRP)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

30. Additional Information