

## Utah Medicaid Prior Authorization Modification Request Form

Instructions				
<ul style="list-style-type: none"> <li>This form should be used only to request the modification of an existing prior authorization request. Initial prior authorization requests can be requested online at <a href="https://prism.health.utah.gov">https://prism.health.utah.gov</a></li> <li>Complete this form fully and legibly. All fields with an asterisk (*) are required.</li> <li>Submit the completed form by attaching the document to your existing PA in PRISM, using your tracking number. This form may also be submitted to the fax number or email address below.</li> <li>The prior authorization team will be notified when the document is uploaded to the tracking number.</li> <li>For questions, call 801-538-6155 or toll free 800-662-9651 and select options 3, 3, then the appropriate number for the program.</li> </ul>				
<b>FAX:</b> 801-536-0162			<b>EMAIL:</b> fax_allotherauth_prior@utah.gov	
Prior Authorization Information				
Today's Date: *		Beneficiary ID#: *		
Beneficiary Name: *				
Tracking #: *		Service Type:		
Provider Information				
Requesting Provider: *		Requesting Provider NPI: *		
Servicing Provider:		Servicing Provider NPI:		
Contact Person: *				
Phone #: *		Fax #: *		
Modification Information				
Description of Modification *				
Code Change (new codes being requested)				
CPT or HCPCS code	Code Description	Modifier	Units or Visits	Dental Quadrant(s)
Service Date(s) Change				
Previous DOS:		New DOS:		