

Utah Medicaid Prior Authorization Modification Request Form

Instructions				
<ul style="list-style-type: none"> 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 https://prism.health.utah.gov Submit the completed form by attaching the document to your existing PA in PRISM, using your tracking number. The prior authorization team will be notified when the document is uploaded to the tracking number. For questions, call 801-538-6155 or toll free 800-662-9651 and select options 3, 3, then the appropriate number for the program. 				
Prior Authorization Information				
Today's Date:		Beneficiary ID Number:		
Beneficiary Name:				
Tracking Number:		Service Type:		
Provider Information				
Requesting Provider:		Requesting Provider NPI:		
Servicing Provider:		Servicing Provider NPI:		
Contact Person:				
Phone Number:		Fax Number:		
Modification Information				
Description of Modification				
Code Change (new codes being requested)				
CPT or HCPCS code	Code Description	Modifier	Units or Visits	Dental Quadrant
Service Date Change				
Previous DOS:		New DOS:		