Utah Department of
Health & Human Services
Integrated Healthcare

Prior Authorization Exception Process Form

Member Information	
Member Name:	Click or tap here to enter text.
Medicaid ID Number:	Click or tap here to enter text.
Member Diagnosis Code:	Click or tap here to enter text.

Provider Information	
Requesting Provider Name:	Click or tap here to enter text.
Requesting Provider NPI:	Click or tap here to enter text.
Rendering Provider Name:	Click or tap here to enter text.
Rendering Provider NPI:	Click or tap here to enter text.
Billing Provider Name:	Click or tap here to enter text.
Billing Provider NPI:	Click or tap here to enter text.

Request	
Procedure Codes:	Click or tap here to enter text.
Comparison Code (when requesting unlisted code):	Click or tap here to enter text.

Exception Required:	Reason for Exception:
☐ **Retroactive Request**	Click or tap here to enter text.
☐ **Age Restriction**	
☐ **Quantity Limitation**	Click or tap here to enter text.
☐ **Not open to PAC (provider allowable code)**	Click or tap here to enter text.
☐ **Non-Covered Service**	Click or tap here to enter text.
☐ **Unlisted Code**	Click or tap here to enter text.