Utah Department of
Health & Human Services
Integrated Healthcare

Utah Medicaid Prior Authorization
Modification Request Form

Instructions
• 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 • Complete this form fully and legibly. All fields with an asterisk (*) are required. • 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#: *
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:

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