

**Rady Children's Restorative Care**  
**Audiology Services Prior Authorization Request Form**  
 Scheduling: 714-639-4990 Fax: 714-744-3841

<b>Patient Name:</b>		<b>Date of Birth:</b>	
<b>ICD 10/Reason for referral:</b>		<b>Date of Request:</b>	

**PLEASE INCLUDE:**

- Copy of Insurance Card
- Patient demographics
- Insurance authorization made out to: CHOC Providence Speech and Hearing Center, including payer-specific CPT/HCPC codes listed below
- Legible medical records, last audiogram, or clinical notes supporting reason for referral and diagnosis

REQUESTING PRIOR AUTHORIZATION	APPOINTMENT REASON	SERVICE DESCRIPTION AND PAYOR TYPE <i>(Please consult Scheduling and Prior Authorization Guide for services being prior authorization for each visit type)</i>
<input type="checkbox"/>	OP NBHS	<p><b><u>Newborn Hearing Screening</u></b>  <b>Commercial</b> 92650  <b>Medi-Cal (Non WCM)</b> Z9727 Used for outpatient newborn hearing re- screen                      Z9726 Used when the infant was <b>not</b> screened at birth.  <b>CCS</b> SCG04 or X4522</p>
<input type="checkbox"/>	ABR   ABR 1ST	<p><b><u>Threshold Determination (Estimation of hearing status)</u></b>  <b>Commercial</b> 92652, 92567, 92587  <b>Medi-Cal (Non WCM)</b> X4522, X4540, 92587  <b>Optum Care Network   Inland Faculty</b> X4540, X4522, 92587  <b>WCM / HACCP</b> X4522, Z5924, Z5934  <b>CCS</b> SCG04 or X4522, Z5924, Z5934</p>
<input type="checkbox"/>	PAE	<p><b><u>Pediatric Audio Evaluation (Developmental Age: under 2 years)</u></b>  <b>Commercial</b> 92567, 92579, 92587  <b>Medi-Cal (Non WCM)</b> X4540, X4501, 92587  <b>Optum Care Network/Inland Faculty</b> X4540, X4501, 92587  <b>WCM/HACCP</b> Z5924, Z5916, Z5934, Z5900, Z5906  <b>CCS</b> SCG 04 or Z5924, Z5916, Z5934, Z5900, Z5906</p>
<input type="checkbox"/>	PAE	<p><b><u>Pediatric Audio Evaluation (Developmental Age: 2 - 5 years)</u></b>  <b>Commercial</b> 92567, 92557, 92579, 92582, 92583, 92555, 92556, 92587  <b>Medi-Cal (Non WCM)</b> X4500, X4501, X4540, 92555, 92556, 92587  <b>Optum Care Network/Inland Faculty</b> X4540, X4500, X4501, 92587  <b>WCM/HACCP</b> Z5924, X4500, Z5916, Z5918, Z5920, Z5934, Z5902, Z5908  <b>CCS</b> SCG 04 or Z5924, X4500, Z5916, Z5918, Z5920, Z5934, Z5902, Z5908</p>
<input type="checkbox"/>	AE	<p><b><u>Audio Evaluation (Developmental Age: 6-20 years)</u></b>  <b>Commercial</b> 92567, 92557, 92552, 92553, 92555, 92556, 92587  <b>Medi-Cal (Non WCM)</b> X4540, X4500, X4501, 92555, 92556, 92587  <b>Optum Care Network/Inland Faculty</b> X4540, X4500, X4501, 92587  <b>WCM/HACCP</b> Z5924, X4500, Z5916, Z5918, Z5920, Z5934, Z5904, Z5910  <b>CCS</b> SCG04 or Z5924, X4500, Z5916, Z5918, Z5920, Z5934, Z5904, Z5910</p>
<input type="checkbox"/>	OM	<p><b><u>Ototoxicity Monitoring</u></b> Please Note: Audio Evaluation must also be selected based on the patient age group.  <b>Commercial</b> 92588  <b>Medi-Cal groups</b> Z5936  <b>CCS</b> SCG04 or Z5936</p>

**Rady Children's Restorative Care**  
**Audiology Services Prior Authorization Request Form**  
 Scheduling: 714-639-4990 Fax: 714-744-3841

REQUESTING PRIOR AUTHORIZATION	APPOINTMENT REASON	SERVICE DESCRIPTION AND PAYOR TYPE <i>(Please consult Scheduling and Prior Authorization Guide for services being prior authorization for each visit type)</i>
<input checked="" type="checkbox"/>	HAE	<u>Hearing Aid Evaluation</u> <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural <b>Commercial</b> 92628,92629,92631,92632, V5264 X UNITS <b>Medi-Cal groups</b> V5010, V5264 X UNITS <b>CCS</b> SCG 04 or V5010, V5264 X UNITS <b>HACCP</b> V5010
<input checked="" type="checkbox"/>	HAF	<u>Hearing Aid Fitting</u> <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural <b>Commercial</b> 92634,92635,92639,92641,92642,92636,92637,92638, <b>Medi-Cal groups</b> Z5930 (Mon) / Z5932 (Bin), X4532 (Mon) / X4542 (Bin), Z5822 X UNITS, V5267 NU X UNITS <b>CCS</b> SCG 04 or Z5930 (Mon) / Z5932 (Bin), X4532 (Mon) / X4542 (Bin), Z5822 X UNITS, V5267 NU X UNITS <b>HACCP</b> Z5930 (Mon) / Z5932 (Bin), X4532 (Mon) / X4542 (Bin), Z5822 X UNITS
<input checked="" type="checkbox"/>	HAC	<u>Hearing Aid Follow-up/Service</u> <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural <b>Commercial:</b> N/A <b>Medi-Cal groups</b> V5014 x units, X4532 (Mon) / X4542 (Bin), Z5930 (Mon) / Z5932 (Bin),Z5822 X96, V5264 x units, <b>CCS</b> SCG 04 or V5014 x units, X4532 (Mon) / X4542 (Bin), Z5930 (Mon) / Z5932 (Bin) , Z5822 x96, V5264 x units, <b>HACCP</b> V5014, X4532 (Mon) / X4542 (Bin), Z5930 (Mon) / Z5932 (Bin),Z5822 x96
<input checked="" type="checkbox"/>	BCD EVAL	<u>Osseointegrated Device Evaluation</u> <b>Commercial</b> 92626, 92627 <b>Medi-Cal groups</b> V5010 <b>CCS</b> SCG 04 or V5010 <b>HACCP</b> V5010
<input checked="" type="checkbox"/>	BCD FIT	<u>Osseointegrated Device Activation/Fitting</u> <b>Commercial</b> 92622, 92623 <b>Medi-Cal Groups</b> 92622, 92623, L9900 x2, L8621 x 96 <b>CCS</b> SCG 04 or L9900 x 2, L8621 x 96, 92622, 92623 <b>HACCP</b> 92622, 92623, L9900 x2, L8621 x 96
<input checked="" type="checkbox"/>	BCD CHK	<u>Osseointegrated Device Follow-up/Service</u> <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural <b>Commercial</b> N/A <b>Medi-Cal Groups:</b> 92622, 92623, L7510 x UNITS, V5014x UNITS, L9900,L8621 x 96 <b>CCS</b> SCG 04 or 92622, 92623, V5014 xUNITS, L7510 x UNITS, L9900,L8621 x 96 <b>HACCP</b> L7510 x UNITS, V5014 x UNITS, L8621 x 96



**Physician Stamp: Provider Name, Address, Telephone Number, License and NPI**

**Referring Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_