

Rady Children's Restorative Care

Audiology Services Prior Auth Request Form

Scheduling: 714-639-4990 Fax: 714-744-3841

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

PLEASE INCLUDE:

- ☐ Copy of Insurance Card
- ☐ Patient demographics
- ☐ Insurance authorization made out to: Rady Children's Restorative Care, 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"/>	ABR/ ABR 1ST	Threshold Determination (Estimation of hearing status) Commercial/CHA/Cal Optima Direct 92652, 92567, 92587 Other Cal Optima Medi-Cal groups / HACCP X4522, X4540, Z5934 Optum Care Network/Inland Faculty X4540, X4522, 92587 CCS SCG04
<input type="checkbox"/>	PAE	Pediatric Audio Evaluation (Developmental Age: under 2 years) Commercial/CHA/Cal Optima Direct 92567, 92579, 92587 Other Cal Optima Medi-Cal groups / HACCP X4540, Z5916, Z5934, Z5900, Z5906 Optum Care Network/Inland Faculty X4540, X4501, 92587 CCS SCG 04
<input type="checkbox"/>	PAE	Pediatric Audio Evaluation (Developmental Age: 2 - 5 years) Commercial/CHA/Cal Optima Direct 92567, 92557, 92579, 92582, 92583, 92555, 92556, 92587 Other Cal Optima Medi-Cal groups / HACCP X4540, X4500, Z5916, Z5918, 92556, Z5934, Z5902, Z5908 Optum Care Network/Inland Faculty X4540, X4500, X4501, 92587 CCS SCG 04
<input type="checkbox"/>	AE	Audio Evaluation (Developmental Age: 6 - 20 years) Commercial/CHA/Cal Optima Direct 92567, 92557, 92552, 92553, 92555, 92556, 92587 Other Cal Optima Medi-Cal groups X4540, X4500, Z5916, Z5918, 92556, Z5934, Z5904, Z5910 Optum Care Network/Inland Faculty X4540, X4500, X4501, 92587 CCS SCG04
<input type="checkbox"/>	OM	Ototoxicity Monitoring Please Note: Audio Evaluation must also be selected based on the patient age group. Commercial/CHA/Cal Optima Direct /Optum Care network 92588 Other Cal Optima Medi-Cal groups Z5936 Ages 0-20 CCS SCG04

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<input type="checkbox"/>	HAE	Hearing Aid Evaluation <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural Commercial 92590 (Mon) / 92591 (Bin), V5264 X UNITS CHA/Cal optima Direct/Other Cal Optima Medi-Cal groups V5010, V5264 X UNITS CCS SCG 04 HACCP V5010
<input type="checkbox"/>	HAF	Hearing Aid Fitting <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural Commercial V5011, V5020 X 2 UNITS, 92594 (Mon) / 92595 (Bin), V5266 X UNITS, V5267 X UNITS CHA/Cal Optima Direct V5020 X units, 92594 (Mon) , 92595 (Bin), V5266 X UNITS, V5267 NU X UNITS, CHA/Cal optima/Other Cal optima Medi-Cal groups Z5930 (Mon) / Z5932 (Bin), X4532 (Mon) / X4542 (Bin), Z5822 X UNITS, V5267 NU CCS SCG 04 + (HA V5050-V5060, V5130-V5140 or V5298) HACCP Z5930 (Mon) / Z5932 (Bin), X4532 (Mon) / X4542 (Bin), Z5822 X UNITS 92594/5, V5020, (HA'S V5171-V5221 or V5252-V5261 or V5298 NU)
<input type="checkbox"/>	HAC	Hearing Aid Follow-up/Service <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural CHA/Cal Optima Direct V5014, V5020 X UNITS, 92594 (Mon) , 92595 (Bin) Other Cal Optima Medi-Cal groups V5014, X4532 (Mon) / X4542 (Bin), Z5930 (Mon) / Z5932 (Bin) CCS SCG 04 HACCP V5014, X4532 (Mon) / X4542 (Bin), Z5930 (Mon) / Z5932 (Bin)
<input type="checkbox"/>	BCD EVAL	Osseointegrated Device Evaluation Commercial/CHA/Cal Optima Direct 92626, 92627, Other Cal Optima Medi-Cal groups 92626, 92627, Z5950 CCS SCG 04 HACCP V5010
<input type="checkbox"/>	BCD FIT	Osseointegrated Device Activation/Fitting Commercial/CHA/Cal Optima Direct L9900, 92622, 92623 Other Cal Optima Medi-Cal groups 92626, L9900 X2, L8621 X 96 CCS L9900 X 2, L8621 X 96 HACCP L8621, 92626
<input type="checkbox"/>	BCD CHK	Osseointegrated Device Follow-up/Service <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural Commercial/CHA/Cal Optima Direct L9900, 92622, 92623 Other Cal Optima Medi-Cal groups 92626, L7510, L9900 CCS SCG 04 (If SAR is code specific, request V5014 instead of L9900) HACCP V5014

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

Referring Provider Signature: _____ **Date:** _____