Rady Children's Restorative Care

Cochlear Implant Services Prior Auth Request Form

Scheduling (Direct): 714-602-2782 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

SERVICE REQUESTED	APPT TYPE	SERVICE DESCRIPTION BY PAYER
		AUDIOLOGICAL EVALUATION
☐	CIPRE	**Cochlear Implant Audiological Evaluation** Commercial: 92594/95, 92626, 92627x2, 92700 Medi-Cal: 92626, 92627x2, X4542, Z5930/32, Z5950, Z5952 Optum Care Network/Inland Faculty: 92594/95, 92626, 92627x2, 92700, V5020 CCS: SCG 04 or SCG05
☐	CISE	**Cochlear Implant Speech Evaluation** Commercial: 92523, 96110, 96112, 96125 Medi-Cal: X4300, X4301 CCS: SCG 04 or SCG05
		COCHLEAR IMPLANT ACTIVATION & FOLLOWUP SERVICES – select based on child's age
☐	CIA1/CIA2	**Ages 0 - 6 years – CI Activation and Orientation** Commercial: 92570, 92601, 92626, L9900 Medi-Cal: 92601, 92626, L9900, X4530, Z5950, Z5958, Z5966 CCS: SCG 05
☐	CIA1/CIA2	**Ages 7 years and older – CI Activation and Orientation** Commercial: 92603, 92626, 92570, L9900 Medi-Cal: 92626, L9900, X4530, Z5950, Z5958, Z5964, Z5966 CCS: SCG 05
☐	CIMP1/CIMP2	**Ages 0 - 6 years CI Programming and Follow-up** Commercial: 92567, 92570, 92584, 92602, 92626, 92627x2, L9900 Medi-Cal: 92602, 92626, 92627x2, L9900, X4540, Z5956, Z5964, Z5968 CCS: SCG 05
☐	CIMP1/CIMP2	**Ages 7 years and older CI Programming and Follow-up** Commercial: 92567, 92570, 92584, 92604, 92626, 92627x2, L9900 Medi-Cal: 92626, 92627x2, L9900, X4540, Z5956, Z5964, Z5968 CCS: SCG 05
		AUDIOLOGICAL EVALUATION
☐	AE	**Audiological Evaluation** Commercial: 92567, 92557, 92587, 92552 Medi-Cal: X4540, X4500, Z5904, Z5910, Z5934 Optum Care Network/Inland Faculty: X4540, X4500, 92587 CCS: SCG 05 HACCP: X4540, X4500, X4501, 92587
		HEARING AID SERVICES
☐	HAE	**Hearing Aid Evaluation** ☐ Monaural ☐ Binaural Commercial: 92590/92591 Medi-Cal: V5010, V5264x2 CCS: SCG 05
☐	HAC	**Hearing Aid Follow-up/Service** ☐ Monaural ☐ Binaural Commercial: 92592/3, 92594/5 Medi-Cal: V5014, V5264 X UNITS, X4542/32, Z5930/32 HACCP: V5014 X units, Z5930/32 CCS: SCG 04
		PRE-OP COCHLEAR IMPLANT SPEECH SERVICES
☐	sEARies	**Auditory Rehabilitation – Pre-CI. Parent sEARies. Under 3 years old.** Commercial/HACCP: 92630 Medi-Cal: Z5940 CCS: SCG04 or SCG05

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

Referring Provider Signature:_____