



# AUDIOLOGY SERVICES PRIOR AUTHORIZATION REQUEST FORM

Scheduling Line: (714) 639-4991

Fax: (714) 744-3841

Thank you for referring your patient to Providence Speech and Hearing Center. To better serve you and your patient, please provide us with the following information via fax:

<b>Patient Name:</b> _____	<b>Date of Birth:</b> _____
<b>ICD 10/Chief Complaint/Reason for Referral:</b> _____	

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Copy of Insurance Card<br>Patient Demographics | <input type="checkbox"/> Insurance authorization made out to:<br><u>CHOC Providence Speech and Hearing Center</u> ,<br>Including CPT, HCPC Codes. See list below. | <input type="checkbox"/> Legible medical records or clinical notes<br>supporting the reason for the referral and<br>diagnosis. |
|---|---|--|

REQUESTING AUTHORIZATION	APPOINTMENT REASON	SERVICE DESCRIPTION AND PAYOR TYPE
<b>AUDIOLOGICAL EVALUATIONS</b> (Please choose based on patient's developmental age.)		
<input type="checkbox"/>	PAE	<b>Developmental Age: 6 months - 2 years</b> Commercial 92567, 92579, 92587 HACCP X4540, 92579, 92587 Medi-Cal X4540, Z5900, Z5906, Z5916, Z5934 Optum Care Network/Inland Faculty X4540, X4500, 92587 CCS SCG 04/05
<input type="checkbox"/>	PAE	<b>Developmental Age: 2 - 5 years</b> Commercial 92567, 92579, 92582, 92583, 92555, 92556, 92587 HACCP X4540, 92579, 92582, 92583, 92555, 92556, 92587 Medi-Cal X4540, Z5902, Z5908, Z5916, Z5918, Z5920, Z5934 Optum Care Network/Inland Faculty X4540, 92587, X4500 CCS SCG 04/05
<input type="checkbox"/>	AE	<b>Developmental Age: 6 - 21 years</b> Commercial 92567, 92557, 92587 HACCP X4540, X4500, 92587 Medi-Cal X4540, X4500, Z5904, Z5910, Z5934 Optum Care Network/Inland Faculty X4540, X4500, 92587 CCS SCG04/05
<input type="checkbox"/>	AE	<b>Adult (Age: 22 - 61 years)</b> Commercial/Medicare 92557, 92567 Medi-Cal X4500, X4540
<input type="checkbox"/>	AE60	<b>Adult (Age: 62 years and older)</b> Commercial/Medicare 92557, 92567 Medi-Cal X4500, X4540 Optum Care Network/Inland Faculty X4500, X4540
<b>AUDITORY BRAINSTEM RESPONSE (ABR) / AUDITORY EVOKED POTENTIALS (AEP) EVALUATIONS</b>		
<input type="checkbox"/>	ABR/ ABR 1ST	<b>Threshold Determination (Estimation of hearing status)</b> Commercial/Medicare 92652, 92567, 92587 Medi-Cal X4522, X4540, Z5934 Optum Care Network/Inland Faculty X4522, X4540, 92587 CCS SCG04/05
<input type="checkbox"/>	ABRA	<b>Neurodiagnostic ABR</b> Commercial/Medicare 92653 Medi-Cal X4522 Optum Care Network/Inland Faculty X4522 CCS SCG04

**OTOTOXIC MONITORING**

In **ADDITION** to age-appropriate audiological evaluation, please mark if reason for referral is **OTOTOXIC MONITORING**.

**Ototoxicity Monitoring (OM)**  
 Commercial/Medicare 92700, 92588  
 Medi-Cal 92700, Z5936 Ages 0-21  
 Medi-Cal 92700, 92588 Ages 21+  
 Optum Care Network/Inland Faculty 92700, 92588  
 CCS SCG04

REQUESTING AUTHORIZATION	APPOINTMENT REASON	SERVICE DESCRIPTION AND PAYOR TYPE
<input type="checkbox"/>	OP NBHS	<b>Outpatient Newborn Hearing screening</b> Commercial 92650 Medi-Cal Z9726 , or Z9727 ( <i>if Home Birth</i> )
<b>HEARING AID AND BONE CONDUCTION DEVICE SERVICES</b>		
<input type="checkbox"/>	HAE	<b>Hearing Aid Evaluation</b> Commercial/Medicare 92591 Medi-Cal V5010, V5264 X UNITS CCS SCG 04/05 HACCP V5010
<input type="checkbox"/>	HAF	<b>Hearing Aid Fitting</b> Commercial/Medicare 92594/5, V5011, V5020, V5264 X UNIT, Z5822 X UNITS, V5267 X UNITS (HA V5160, V5220, V5240 or V5241, V5171-V5221 OR V5252-V5261 or V5298) Medi-Cal 92594/5 V5266 XUNITS, V5267 NU X UNITS, X4542, Z5930 (Monaural), Z5932(Binaural) (HA V5171-V5221 or V5252- V5261 or V5298 NU) CCS SCG 04(HA'S V5050-V5060, V5130-V5140 or V5298) + SCG04 HACCP V5266 X UNITS, V5267 NU X UNITS X4542, Z5930 (Monaural), Z5932(Binaural) (HA 92594/5, V5020, (HA'S V5171-V5221 or V5252-V5261 or V5298 NU)
<input type="checkbox"/>	HAC	<b>Hearing Aid Follow-Up/Service</b> Commercial/Medicare 92592/3, 92594/5 Medi-Cal V5014, X4542, Z5930 (Monaural), Z5932 (Binaural) CCS SCG 04 HACCP V5014, Z5930/32
<input type="checkbox"/>	BCD EVAL	<b>Child – Osseointegrated Device Evaluation</b> Commercial/Medicare 92626, 92627, 92700 Medi-Cal 92626, 92627, 92700, Z5950 CCS SCG 04
<input type="checkbox"/>	BCD EVAL	<b>Adult – Osseointegrated Device Evaluation</b> Commercial/Medicare 92626, 92627, 92700 Medi-Cal 92626, 92627, 92700
<input type="checkbox"/>	BCD FIT	<b>Child – Osseointegrated Device Activation/Fitting</b> Commercial Only L8692,92626, L9900, Medi-Cal L8692 ,92626, L9900, CCS L8692 + SCG04 HACCP L8692, L8621,92626
<input type="checkbox"/>	BCD FIT	<b>Adult – Osseointegrated Device Activation/Fitting</b> Commercial/Medicare 92626, L9900 Medi-Cal 92626, L9900, X4526
<input type="checkbox"/>	BCD CHK	<b>Child – Osseointegrated Device Reprogramming/Service</b> Commercial/Medicare 92626, L7510, L9900, Medi-Cal 92626, L7510, L9900 CCS SCG 04 HACCP V5014
<input type="checkbox"/>	BCD CHK	<b>Adult – Osseointegrated Device Reprogramming/Service</b> Commercial/Medicare 92626, L7510, L9900, X4526 Medi-Cal 92626, L7510, L9900, X4526

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

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