



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:

Patient Name: _____ Date of Birth: _____

ICD 10/Chief Complaint/Reason for Referral: _____

Copy of Insurance Card
Patient Demographics

Insurance authorization made out to:
CHOC Providence Speech and Hearing Center.
Including CPT, HCPC Codes. See list below.

Legible medical records or clinical notes
supporting the reason for the referral and
diagnosis.

REQUESTING AUTHORIZATION	APPOINTMENT REASON	SERVICE DESCRIPTION AND PAYOR TYPE
AUDIOLOGICAL EVALUATIONS (Please choose based on patient's developmental age.)		
	PAE	Developmental Age: 6 months - 2 years 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
	PAE	Developmental Age: 2 - 5 years 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
	AE	Developmental Age: 6 - 21 years 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
	AE	Adult (Age: 22 - 61 years) Commercial/Medicare 92557, 92567 Medi-Cal X4500, X4540
	AE60	Adult (Age: 62 years and older) Commercial/Medicare 92557, 92567 Medi-Cal X4500, X4540 Optum Care Network/Inland Faculty X4500, X4540
AUDITORY BRAINSTEM RESPONSE (ABR) / AUDITORY EVOKED POTENTIALS (AEP) EVALUATIONS		
	ABR/ ABR 1ST	Threshold Determination (Estimation of hearing status) Commercial/Medicare 92652, 92567, 92587 Medi-Cal X4522, X4540, Z5934 Optum Care Network/Inland Faculty X4522, X4540, 92587 CCS SCG04/05
	ABRA	Neurodiagnostic ABR 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
VESTIBULAR EVALUATION		
	VNG	Vestibular Evaluation 92517, 92518, 92519, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546
HEARING AID AND BONE CONDUCTION DEVICE SERVICES		
	HAE	Hearing Aid Evaluation Commercial/Medicare 92591 Medi-Cal V5010, V5264 X UNITS CCS SCG 04/05 HACCP V5010
	HAF	Hearing Aid Fitting 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)
	HAC	Hearing Aid Follow-Up/Service Commercial/Medicare 92592/3, 92594/5 Medi-Cal V5014, X4542, Z5930 (Monaural), Z5932 (Binaural) CCS SCG 04 HACCP V5014, Z5930/32
	BCD EVAL	Child – Osseointegrated Device Evaluation Commercial/Medicare 92626, 92627, 92700 Medi-Cal 92626, 92627, 92700, Z5950 CCS SCG 04
	BCD EVAL	Adult – Osseointegrated Device Evaluation Commercial/Medicare 92626, 92627, 92700 Medi-Cal 92626, 92627, 92700
	BCD FIT	Child – Osseointegrated Device Activation/Fitting Commercial Only L8692, 92626, L9900, Medi-Cal L8692 , 92626, L9900, CCS L8692 + SCG04 HACCP L8692, L8621, 92626
	BCD FIT	Adult – Osseointegrated Device Activation/Fitting Commercial/Medicare 92626, L9900 Medi-Cal 92626, L9900, X4526
	BCD CHK	Child – Osseointegrated Device Reprogramming/Service Commercial/Medicare 92626, L7510, L9900, Medi-Cal 92626, L7510, L9900 CCS SCG 04 HACCP V5014
	BCD CHK	Adult – Osseointegrated Device Reprogramming/Service 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: _____
Rev 0523

Date: _____
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