



COCHLEAR IMPLANT SERVICE 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 PRIOR AUTHORIZATION	APPT REASON	SERVICE DESCRIPTION AND PAYOR TYPE <i>(Please consult Scheduling and Prior Authorization Guide for services being prior authorization for each visit type)</i>
COCHLEAR IMPLANT EVALUATION (Please choose based on patient's age.)		
	CIPRE	CI Audio Evaluation - Child Commercial/Medicare: 92594/95, 92626, 92627x2, 92700, V5020 Medi-Cal: 92626, 92627x2, 92700, X4542, Z5930/32, Z5950, Z5952 Optum Care Network/Inland Faculty: 92594/95, 92626, 92627x2, 92700, V5020 CCS: SCG 04/05
	CIPRE	CI Audio Evaluation - Adult Commercial/Medicare: 92594/95, 92626, 92627x2, 92700, V5020 Medi-Cal: 92594/95, 92626, 92627x2, 92700, V5020
COCHLEAR IMPLANT SERVICES (Please choose based on patient's age.)		
	CIMP	0 - 6 years - CI Activation/Fitting Commercial: 92584, 92601, 92626, L9900, Medi-Cal: 92601, 92626, L9900, Z5958, Z5966 CCS: SCG 04/05
	CIMP	7 years and older - CI Activation/Fitting Commercial/Medicare: 92584, 92603, 92626, L9900 Medi-Cal: 92603, 92626, L9900, Z5958, Z5966 CCS: SCG04/05
	CIMP	0 - 6 years - CI Reprogramming/Service Commercial: 92567, 92584, 92602, 92626, 92627x2, L7510, L9900 Medi-Cal: 92602, 92626, 92627x2, L7510, L9900, X4540, Z5964, Z5968 CCS: SCG 04/05
	CIMP	7 years and older - CI Reprogramming/Service Commercial/Medicare: 92567, 92584, 92604, 92626, 92627x2, L7510, L9900 Medi-Cal: 92604, 92626, 92627x2, L7510, L9900, X4540, Z5964, Z5968 CCS: SCG 04/05
AUDIOLOGICAL EVALUATIONS (Please choose based on patient's developmental age.)		
	PAE	Pediatric Audio Evaluation Age: 0-5 years Commercial: 92567, 92579, 92582, 92583, 92555, 92556, 92557, 92587 HAACP: 92579, 92582, 92583, 92555, 92557, 92556, 92587, X4540 Medi-Cal: X4500/01, X4540, Z5902, Z5908, Z5916, Z5918, Z5920, Z5934 Optum Care Network/Inland Faculty: 92587, X4500/01, X4540 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
HEARING AID SERVICES		
	HAE	Hearing Aid Evaluation Commercial/Medicare 92591 Medi-Cal V5010, V5264 X UNITS CCS SCG 04/05 HACCP V5010
	HAC	Hearing Aid Follow-up/Service Commercial/Medicare 92592/3, 92594/5 Medi-Cal V5014, V5264 X UNITS, X4542, Z5930 (Monaural), Z5932 (Binaural) HACCP V5014, Z5930/32
COCHLEAR IMPLANT SPEECH SERVICES		
	sEARies	Auditory Rehabilitation - Pre-Cochlear Implant Commercial/HACCP: 92630 CCS/Medi-Cal: SCG04/05
	CISE	Cochlear Implant Speech Evaluation Commercial 92523, 96111 Cochlear Implant Speech Evaluation - Medicaid/CCS X4300, X4301

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

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