



Breathmobile™ Program

Dear CHOC Health Alliance Providers:

Effective 09/01/2015, we are no longer seeing new patients without an approved prior-authorization from CHOC Health Alliance. In an effort to expedite the process, please submit your prior-authorization request with the following information:

Requested Provider: Dr Olga Guijon ó NPI 1083809537

Requested CPT Codes:

- **94060 evaluation for wheezing (qty 1)**
- **94150 vital capacity test (qty 1)**
- **94010 spirometry without bronchodilator (qty 1)**
- **95004 Skin Test (qty 14)**
- **94640 airway inhalation/nebulizer treatment (qty 1)**
- **94664 teaching (qty 1)**

All codes above must be included in CHOC Health Alliance's approved prior-authorization.

After receiving an approval, please fill out a CHOC Breathmobile Primary Care Provider Referral Form and fax to (855) 212-6740. Please be sure to fill out all sections. If you should have any questions about the process or our program, please contact our Financial Coordinator, Rosa Martinez at (714) 509-7572.

Thank you