



Quick Reference Guide

CHOC Health Alliance Prior Authorization Department

Online Portal: eznet.rchsd.org

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NOTE: Requests marked as “URGENT” should only be used if the treatment is required to prevent serious deterioration in the member’s health. Requests not meeting this definition will be handled as non-urgent.

The following services DO NOT require prior authorization when provided by an in-network provider with CHOC Health Alliance:

- Audiology Testing
- Bridge Clinic
- CHOC Breathmobile Services
- CHOC Thompson Center for Autism
- Culture of Specimen
- Doula Services
- EEG
- EMG
- Flow Volume Loop
- Genetic Counseling
- Holter Monitoring
- Measure Blood Oxygen Level
- Microscopic Exam of Urine
- Nutrition Counseling
- Office Consultation/Follow-up, **except as noted on page 3 of this guide** (codes: 99201-99245)
- Pulmonary Function Testing
- Radiology Services (including X-ray, Ultrasound, CT Scan, MRI, DEXA, and Nuclear Medicine)
- Sleep Studies
- Stress Test
- Swallow/Dysphagia Study
- UCI Center for Autism
- Urinalysis
- Uroflowmetry



The following codes do not require a prior authorization (when provided by a contracted/in-network provider with CHOC Health Alliance):

10021	81000	92588	95782	96112
10022	81002	92610	95783	96113
30300	81015	92611	95800	97802
30901	92015	93000	95801	97803
30903	92060	93005	95805	97804
30905	92133	93010	95806	99201
30906	92134	93224	95807	99202
31231	92250	93225	95808	99203
31233	92504	93226	95810	99204
31235	92550	93227	95811	99205
31237	92551	93241	95812	99211
31575	92552	93242	95813	99212
31579	92553	93243	95816	99213
31615	92554	93244	95819	99214
41010	92555	93245	95822	99215
41520	92556	93246	95824	99241
43762	92557	93247	95830	99242
51736	92558	93248	95860	99243
51741	92562	93303	95861	99244
51784	92563	93304	95863	99245
51785	92565	93306	95864	99354
51798	92567	93307	95865	99355
69105	92568	93308	95866	99358
69200	92570	93320	95867	99359
69205	92571	93321	95868	99415
69209	92572	93325	95869	99416
69210	92575	94010	95870	99417
69220	92576	94060	95872	S0265
69222	92577	94375	95873	X4500
76536	92579	94720	95874	X4501
77080	92582	94726	95885	X4530
78075	92583	94727	95886	X4540
78708	92584	94728	95887	Z5802
78710	92587	94760	96110	Z7500

SPECIALIST SERVICES REQUIRING PRIOR AUTHORIZATION

All hospital based procedures and surgeries not noted above.

Ophthalmology Services/Testing (excludes E&M Codes and codes 92015, 92060, 92133, 92134, and 92250)

All Podiatry Services (Including consults/E&M Codes)

Office based procedures (diagnostic testing, minor surgical procedures, etc. not noted above)

SERVICES REQUIRING PRIOR AUTHORIZATION

All Out of Network/Non-Contracted providers (excludes ER and Family Planning services)	Home Health/Hospice/Palliative Care
All Inpatient Services (excludes ER and Family Planning services)	Infused Medications
Acupuncture	Injectable Drugs, including chemotherapy, provided in an office or hospital setting
Chiropractic Services	Medical/Incontinence Supplies
Dialysis	Non-emergency medical transportation
Dr. Riba's Health Club	Orthotics and Prosthetics
Durable Medical Equipment (DME)	Surgical Procedures
Genetic Testing	Therapy Services (Occupational Therapy, Physical Therapy, Speech Therapy)
Hearing Aids/Cochlear Implants	

SERVICES NOT AUTHORIZED BY CHA

Behavioral Health Services (Including ABA Therapy, Psychiatry, Psychology, etc.) – CalOptima – 1-855-877-3885	Dental Services – Denti-Cal 1-800-322-6384
Diabetic Supplies (including Continuous Glucose Monitors & Insulin Infusion Pump Supplies) – Medi-Cal Rx – 1-800-977-2273	Enteral Formula – Medi-Cal Rx – 1-800-977-2273
Pharmacy/Home Self-Injectable – Medi-Cal Rx – 1-800-977-2273	Vision Services – VSP – 1-800-438-4560