



CHOC HEALTH ALLIANCE

Quick Reference Guide

CHOC Health Alliance Prior Authorization Department

Online Portal: eznet.rchsd.org

Fax: (855) 867-0868

Phone: (800) 387-1103

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:

Cardiology Procedures in the following list: 93000, 93303, 93304, 93306, 93307, 93308, 93320, 93321, 93325, 94760

CHOC Breathmobile Services

ENT Procedures in the following list: X4500, X4530, X4540, 10021, 10022, 30300, 30901, 30903, 30905, 30906, 31231, 31233, 31235, 31237, 31575, 31579, 31615, 41010, 41520, 69105, 69200, 69205, 69209, 69210, 69220, 69222, 76536, 92504, 92550 – 92588

Facility Fees under code Z7500

Genetic Counseling (code: S0265)

Nutrition Counseling (codes: 97802, 97803, 97804, Z5802)

Office Consultation/Follow-up, **except as noted on page 2 of this guide** (codes: 99201-99245)

Ophthalmology services in the following list: 92015, 92060, 92250

Orthopedic Services for diagnosis of fracture (includes office visits, casting, surgery, etc.)

Respiratory Flow Volume Loop (94375)

Ultrasound

Urinalysis (codes: 81000, 81002)

X-ray



SPECIALIST SERVICES REQUIRING PRIOR AUTHORIZATION

All hospital based procedures and surgeries

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

All Orthopedic Services (Including consults/E&M Codes) – Fracture Care does NOT require a prior authorization.

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

Office based procedures (diagnostic testing, minor surgical procedures, etc.)

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
Audiology/Hearing Testing	Medical/Incontinence Supplies
Chiropractic Services	Non-emergency medical transportation
Durable Medical Equipment (DME)	Ophthalmology Services/Testing (excludes 92015, 92060, 92250)
Dialysis	Orthotics and Prosthetics
Electromyography	Radiology / Diagnostic Services (excludes X-Rays & Ultrasounds)
Enteral and Parental Nutrition (Formula)	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
Pharmacy/Home Self-Injectable – CalOptima – 1-888-587-8088	Vision Services – VSP – 1-800-438-4560