



# Hearing & Speech New Patient Referral Requirements

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*International Leader in Pediatrics*

Please complete and fax to the number above. Thank you!

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## **ADDITIONAL REFERRAL INFORMATION REQUIRED**

**\*Delays in obtaining documentation will delay appointment scheduling\***

### **I. CHLA "NEW PATIENT REFERRAL FORM - ALL CLINICS" MUST BE COMPLETED**

### **II. ADDITIONAL PATIENT INFORMATION - NONE REQUESTED**

### **III. CLINICAL DOCUMENTATION REQUESTED**

\_\_\_ **Medical Notes**

\_\_\_ **Signed Prescription**

### **IV. AUTHORIZATION REQUESTED (If non-PPO Patient):**

#### Audiogram/Hearing Test:

- \_\_\_ 92557 - Comprehensive Hearing Test
- 92567 - With Tympanogram
- 92587 - With Oto Acoustic Emission (OAE) Test
- 92591 - With Hearing Aid Evaluation

**PLEASE NOTE:**

For Hearing and Speech tests, all codes in each grouping are required, so that they may be performed as they are needed by the patient.

#### ABR/Baer Test

- \_\_\_ 92585 - ABR/Baer Test, includes
- 92557, 92567, 92587, 92591 - Comprehensive Hearing Test with Tympanogram, OAE Test, Hearing Aid Eval
- 99148 and 99150 x 6 - Sedation and Monitoring for Children Under 5 years
- 99149 and 99150 x 6 - Sedation and Monitoring for Children Over 5 years

#### Speech Evaluation

- \_\_\_ 92557 - Comprehensive Hearing Test
- 92567 - With Tympanogram
- 92587 - With Oto Acoustic Emission (OAE) Test
- 92591 - With Hearing Aid Evaluation
- \_\_\_ 92506 - Speech Evaluation

**PLEASE NOTE:**

Hearing loss must be ruled out for all speech evaluation referrals. If patient has not had a hearing test in the past or cannot provide us with a copy of a recent report, a Hearing Test with tympanogram, OAE test, and Hearing Aid evaluation must be included in the authorization - CPT codes 92557, 92567, 92587 and 92591. Thanks!