Children's Physicians Medical Group
in partnership with Rady Children's Health Network

Growth Hormone – Renewal Authorization

Please complete this form, attach supporting clinical documentation, and fax to CPMG at 858-309-7977, or upload to authorization submission via EZ-Net. Failure to provide this form may result in a delay in processing of your request.

Referring Provider: _____ **Provider Contact Phone #:** _____

Member Name: _____ **Member ID #:** _____

Member DOB: _____ **Member Age:** _____ **Member Health Plan:** _____

Rendering Vendor: _____ **Diagnosis Code (ICD-10):** _____

CPT Code(s): _____

Open bone epiphysis: ☐ YES ☐ NO

Bone age of the member _____ (X-Ray date: _____)

Over the last year, the following growth velocity has been achieved:

- ☐ less than 2 cm
- ☐ 2 – 2.5 cm
- ☐ 2.6 – 3 cm
- ☐ 3.1 – 3.5 cm
- ☐ 3.6 – 4 cm
- ☐ 4.1 – 4.5 cm
- ☐ 4.6 – 5 cm
- ☐ > 5 cm

Has the member achieved mid-parental height?	☐ YES	☐ NO
Is the member less than 98.5% of the final height estimated by bone age?	☐ YES	☐ NO
Is the member compliant with treatment recommendations?	☐ YES	☐ NO