



Quick Reference Guide – Rady Children’s Health Network (RCHN)

RCHN Utilization Management Department

EZ-Net Online Authorization Submission: eznet.rchsd.org

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Urgent Requests – Requests should only be marked as “Urgent” 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.

DIRECT IN-NETWORK SPECIALIST REFERRALS

Patients must be referred to in-network specialists listed on the RCHN Specialists roster. Specialist services do not require an authorization, notifications to RCHN or a tracking number, except as specified below.

SERVICES REQUIRING PRIOR AUTHORIZATION

Acupuncture	Injectable Medications* (excludes Allergy Injections)
Bariatric Surgery Services	Inpatient Admissions
Chiropractic	Laser Skin Procedures
Circumcision (outside the newborn period)	MRI (for diagnosis of headache only**)
Cochlear Implants and Supplies	Neuropsychology Services (medical diagnosis ONLY)
CT Scans (for diagnosis of headache only**)	Nutrition/Weight Management ^o
Dental Anesthesia	Ophthalmology/Vision Services (Refer to flowchart)
Dermatology Consultations (for diagnosis of acne only**)	Oral Surgery
Developmental Behavioral Pediatrics Services (see Health Net Specific Info below)	Orthotics/Prosthetics
Durable Medical Equipment (DME)	Out of Network Services
ENT (Otolaryngology) Consultations (for diagnosis of Otitis Media only)	PET Scans
Endocrinology Consultations (for diagnosis of short stature only**)	Plastic Surgery/Reconstructive Services/Cosmetic Procedures (Procedures/Surgery ONLY)
Gastroenterology Consultations (for diagnosis of constipation, GE Reflux, or chronic abdominal pain only**)	Podiatry Services
	Radiation Oncology (including Proton Beam Therapy)
Genetic Testing	Rheumatology Consultations ^o
Hearing Aids and Supplies	Therapy (Occupational, Physical, Speech, or Swallow) – includes evaluations & treatment
Home Health Services/Shift Nursing	Transplants
Infusion Medications*	Urology or Surgery Consultations (for circumcision only**)

*Refer to “Injectable/Infusion Medications Guide” for authorization/provider guidelines

**Additional Rady Children’s pre-authorization forms required

^o Additional Rady Children’s form is required for limited conditions - obesity (nutrition) or joint pain (rheumatology)

SERVICES DIRECTLY AUTHORIZED BY THE HEALTH PLAN

Applied Behavioral Analysis (ABA) Therapy (Behavioral Health Plan)	Member Requested 2 nd opinion with an Out-of-Network Provider (Health Plan)
Behavioral Health Services (Behavioral Health Plan)	Neuropsychology Testing – Behavioral/Developmental Diagnosis (Behavioral Health Plan)
Developmental Behavioral Pediatrics Services – Health Net ONLY (Behavioral Health Plan)	Therapy (Occupational, Physical, or Speech) – Autism Diagnosis ONLY – CIGNA