



Request for Authorization of Consultation with ENT for Otitis Media

Please complete this form and the standard authorization request form, attach supporting clinical documentation, and submit the request to RCHN Utilization Management (UM) for consideration. Submission can be made via the online EZ-Net portal, or via fax at (858)309-7977.

Member Name:	
Member ID #:	Member DOB:

Referrals to ENT for a diagnosis of Otitis Media are considered medically necessary when one or more of the following conditions are met (please check all that apply):

- The member has failed to response to two (2) different antibiotic courses
- The member has had >4 episodes in 12 months, with at least one episode within the last 6 months
- The member has had >3 episodes in 6 months
- The member has had >3 months with the presence of middle ear effusion
- The member has speech delay
- The member has documented hearing loss (include result of audiogram)
- The member has a tympanic membrane perforation that is persistent beyond one (1) month
- The member has a syndrome with craniofacial anatomic differences (e.g., Trisomy 21)
- The member is immunosuppressed
- The member is an infant younger than 8 weeks
- The member has dizziness or vertigo
- The member has evidence of middle ear disease (e.g., cholesteatoma, tympanic membrane adherent to ossicle, or tympanic membrane retracted)

Supporting clinical documentation (e.g., notes supporting clinical history) must be submitted with this authorization request.

Please phone the UM Operations Department at (877) 276-4543 for any questions.