Horizon
Horizon NJ Health

Medical Day Care Authorization Request Form

As of Oct. 1, 2015, ICD-10 codes are required.

Fax Completed Form to: **1-609-583-3048**

❑ **Adult Request** ❑ **Pediatric Request**

Please check type of request:

❑ **Initial Request**
❑ **With new MD Order**

❑ **Re-Assessment**

❑ **Facility Transfer**
❑ **With Letter of Intent By member**

❑ **HMO Transfer**
❑ **With Prior HMO Approval Letter**

❑ **Change Request**
❑ **With new MD Order**

Date Submitted to Horizon NJ Health:

Please provide the following member demographic information:

Member County: # _____

Member Name: _____ HNJH Mbr ID # : _____ DOB: _____

Member Address *(Street/City)* _____

Member Phone # : _____ **Member Alternate Phone # :** _____

Translation Needed: ❑ **Yes** ❑ **No** **If Yes, language:** _____

Please provide the following information:

Current Authorization Expires on: _____ Requesting # days per week: _____

Has member had a lapse in service for 30 consecutive days during the prior authorization period? ❑ Yes ❑ No

(ICD-10 codes are required for all requests and claims)

Primary DX: _____ ICD-10: _____ Other Chronic DX: _____ ICD-10: _____

Other Chronic DX: _____ ICD-10: _____ Other Chronic DX: _____ ICD-10: _____

Please check one of the following codes:

❑ **Ped Med Day (technologically dependent) T1024 w/modifier 22**

❑ **Ped Med Day (medically fragile) T1024 w/modifier 52**

❑ **Adult Med Day S5102**

Change in Service Request ❑ Increase ❑ Decrease

Information to support service request change *(must provide specifics)* : _____

_____

_____

REQUIRED ADDITIONAL INFORMATION:

Medical Day Care Provider Name: _____ Provider ID # : _____

Medical Day Care Contact: _____ Phone # : _____

Address of Facility where member attends: _____

Phone # of Facility: _____ Fax # of Facility: _____

Horizon NJ Health reserves the right to request necessary clinical information on a case-by-case basis. Services should not be rendered without an authorization. Providing services without an authorization could result in a denial of payment. All PCA services require prior authorizations.