



Horizon NJ Health

In place of this form you can submit Authorization Requests online securely via NaviNet. If you are not registered, please visit NaviNet.net and click Sign Up or call NaviNet Customer Care at 1-888-482-8057.

Chemotherapy Authorization Request Form

Requirements: Clinical information and supportive documentation including office visit notes and recent diagnostic tests must be submitted to support request for approval. Notification required for any date of service change.

Fax completed form to: Horizon NJ Health 1-609-583-3014

General Information

Member Name: Member ID #: DOB:

Provider Contact Name: Phone #: Fax #:

List Any Additional Insurance:

Policy Name/Number:

Medical Information Needed

Date/Date Range of Service:

Days/Units Requested:

Primary Diagnosis: Other Chronic Diagnosis:

ICD-10 Codes:

Procedures(s) Requested:

- CHEMO1 (See list of codes included in CHEMO1 code on provider website)
Administrative Codes: 96416 99214 85025
Other CPT Codes Requested:

J Codes/ drug name

Four blank lines for J Codes/ drug name

Requesting Provider: ID # or NPI #: TIN #:

Servicing Facility: ID # or NPI #: TIN #:

Location of Service: MD Office Outpatient Hospital Hospital SPU/OR Other

Additional Required Information

Is this the first occurrence? Yes No Chemotherapy start date:

Length of chemotherapy expected: