

Date of Request: \_\_\_\_\_

Authorization Requests can be submitted online securely at [NaviNet.net](http://NaviNet.net)

**Chiropractic Authorization Request Form**

**Requirements:** *Clinical information and supportive documentation should consist of office visit notes and recent diagnostics. Test results must be submitted to support request for approval. Notification required for any date of service change. Please complete this form in its entirety, in order to prevent processing delays.*

Fax completed form to: Horizon NJ Health 1-609-583-3042

**General Information**

Member Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Provider Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

List Any Additional Insurance: \_\_\_\_\_

Policy Name/Number: \_\_\_\_\_

Requesting/ Servicing Provider: \_\_\_\_\_ ID# or NPI#/TIN#: \_\_\_\_\_

**Medical Information Needed**

Initial Visit Date: \_\_\_\_\_ Last Service Date: \_\_\_\_\_ Total Visits to Date: \_\_\_\_\_

Authorization Date Range Requested: \_\_\_\_\_ Visits/Units Requested: \_\_\_\_\_

Primary Diagnoses (ICD-10): \_\_\_\_\_ Secondary & Other Diagnoses (ICD-10): \_\_\_\_\_

CPT Codes Requested:     98940     98941     98942   

**Required Clinical Information**

1. History of injury/Radiology Studies: \_\_\_\_\_

2. Short/Long term goals: \_\_\_\_\_

3. What are the objective FUNCTIONAL goals? \_\_\_\_\_

4. How will you measure these goals? \_\_\_\_\_

5. Treatment plan: \_\_\_\_\_

6. Based on your experience, what is the expected amount of time required to reach the established goals? \_\_\_\_\_

7. What is preventing the member from reaching the goals with the therapies already given and a home exercise program? \_\_\_\_\_

(For continuation requests only) \_\_\_\_\_

*For above clinical information, use additional pages if necessary. Please submit a copy of the referral & copy of your evaluation/notes with your request. Horizon NJ Health covers spinal manipulation only. Treatment for chronic conditions is not a covered benefit.*