



Horizon NJ Health

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

**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.**

### Electric Bed Authorization Request Form

DME Fax: 1-609-583-3023

DME Phone: 1-800-682-9094 x81017

Is this the:  Initial       Replacement      Reason: \_\_\_\_\_

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

DME Provider: \_\_\_\_\_ Provider Contact Name: \_\_\_\_\_

Phone : \_\_\_\_\_ DME Fax : \_\_\_\_\_

1. Member's diagnosis: \_\_\_\_\_

2. Describe the medical necessity including the medical basis for a member needing an electric bed. \_\_\_\_\_

\_\_\_\_\_

3. Describe the extent to which the member is bed bound including the number of hours per day that the member is expected to utilize the bed. \_\_\_\_\_

\_\_\_\_\_

4. What is the duration of anticipated need? \_\_\_\_\_

5. Describe any customized features, options and/or accessories including explanation of medical necessity for each. (ex. Bed Cradle, Trapeze Bar, Sliding Board etc.) \_\_\_\_\_

\_\_\_\_\_

### For Heavy Duty Extra Wide Beds

**Clinical Presentation:**

- Adjustable bed positions required to alleviate pain
- Aspiration risk with head of bed <30 degrees
- Dyspnea with head of bed <30 degrees
- Medical condition with expected duration >1 month and positioning needs not met with an ordinary bed
- Special attachments/traction that cannot be attached to an ordinary bed

**Patient weight:**

- Weight < 350lbs
- Weight > 350lbs and < 600lbs
- Weight > 600lbs

**Signature Required**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_