



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

Horizon NJ Health

## Family Planning Sterilization Prior Authorization Request

**Requirements:** Attach New Jersey Consent for Sterilization Form. The form must be signed and dated by Horizon NJ Health members 30 days in advance of the scheduled procedure. Please complete this form in its entirety in order to prevent processing delays.

Fax completed form to Horizon NJ Health: **1-609-583-3047**

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**.

GENERAL INFORMATION:		
Member Name:	Member ID #:	DOB:
Office Contact Name:	Phone #:	Fax #:
Member Address:	Member Phone #:	
List Any Additional Insurance:		
Policy Name/Number:		

MEDICAL INFORMATION NEEDED		
Date/Date Range of Service:		
Please check Procedure Code:		
<input type="checkbox"/> 58565 - Hysteroscopy; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants <input type="checkbox"/> 58600 - Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral <input type="checkbox"/> 58605 - Ligation or transection of fallopian tubes(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) <input type="checkbox"/> 58611 - Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not separate procedure) <input type="checkbox"/> 58615 - Occlusion of fallopian tube(s) by device (e.g band, clip, Falope ring) vaginal or suprapubic approach <input type="checkbox"/> 58661 - Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) <input type="checkbox"/> 58670- Laparoscopy, surgical; with fulguration of oviducts (with or without transection) <input type="checkbox"/> 58700 - Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) <input type="checkbox"/> 55250 - Vasectomy Sterilization <input type="checkbox"/> Other: _____		
Primary Diagnosis:	ICD-10 Codes:	
Requesting Provider:	ID# or NPI#:	TIN#:
Servicing Provider:	ID# or NPI#:	TIN#:
Location of Service: <input type="checkbox"/> MD Office <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Hospital SPU/OR <input type="checkbox"/> Other		
If Hospital, provide facility name:		ID# or NPI#:
Please verify if Consent Form is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Signature on Consent Form:	