



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](http://NaviNet.net) and click *Sign Up* or call NaviNet Customer Care at 1-888-482-8057.**

### Home Health Authorization Request Form

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

**Fax completed form to: Horizon NJ Health 1-609-583-3013**

#### 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: \_\_\_\_\_

CPT Codes Requested: \_\_\_\_\_

Home Health Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Additional Required Information

PCP Requesting: \_\_\_\_\_ Provider ID# & NPI#: \_\_\_\_\_ TIN#: \_\_\_\_\_

Home Health Provider: \_\_\_\_\_ Provider ID# & NPI#: \_\_\_\_\_ TIN#: \_\_\_\_\_

#### Additional Notes/Information

\_\_\_\_\_