



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.

Home Oxygen Therapy Authorization Request Form

DME Fax: 1-609-583-3023

DME Phone: 1-800-682-9094 x81017

All requests require current physician order including diagnoses, liter flow rate and PO²/SaO² (including date obtained).

For re-authorization requests, arterial blood gas study or pulse oximetry reading (required 12 months after oxygen therapy is initiated and annually thereafter) and additional clinical documentation regarding member adherence to the prescribed oxygen therapy is required.

General Information

Is this the: Initial Replacement. Reason: _____

Member Name: _____ DOB: _____

Member ID #: _____

DME Provider: _____

DME Provider Contact: _____ Phone #: _____

Equipment Prescribed:

- | | | | |
|--|-----------------|--|-------------------------------|
| <input type="checkbox"/> Continuous Oxygen | Liter Flow Rate | Via <input type="checkbox"/> Nasal Cannula | <input type="checkbox"/> Mask |
| <input type="checkbox"/> Supplemental Oxygen | Liter Flow Rate | Via <input type="checkbox"/> Nasal Cannula | <input type="checkbox"/> Mask |
| <input type="checkbox"/> Nocturnal Oxygen | Liter Flow Rate | Via <input type="checkbox"/> Nasal Cannula | <input type="checkbox"/> Mask |

Clinical Presentation:

ICD-10 diagnosis codes: _____

PO²/SaO²: _____ Date: Room Air At Rest During Activity

Additional Clinical Information/Comments:

Signature Required

Physician's Signature: _____ Date: _____