

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**.

Prosthetics Authorization Request From

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: _____

DME Provider Contact: _____ Phone #: _____

ICD-10 Codes: _____

Procedure(s) Requested: _____

HCPC Codes Requested: _____

Equipment Indications:

Preparatory Prosthesis

Amputation \geq 6 weeks and \leq 6 months
Potential for Ambulation

Initial Definitive Prosthesis

Member's functional level has progressed requiring more advanced components
Change in volume/circumference of residual limb
Increase in number of plies of socks required
Documented weight gain _____ (# of pounds) in _____

(timeframe)

Is member currently involved in a weight reduction program? Yes No
Adjustments/repairs no longer effective

Replacement Prosthesis

Current prosthesis in use > 3 years
Date Initial Prosthesis Provided: _____
Change in volume/circumference of residual limb
Increase in number of plies of socks required
Documented weight gain _____ (# of pounds) in _____

(timeframe)

Is member currently involved in a weight reduction program? Yes No
Adjustments/repairs no longer effective
Adjustments would cost > 60% of cost of replacement

Replacement Socket

Change in volume/circumference of residual limb
Increase in number of plies of socks required
Documented weight gain _____ (# of pounds) in _____

(timeframe)

Is member currently involved in a weight reduction program? Yes No
Adjustments/repairs no longer effective



Horizon NJ Health

Date of Request:

Functional Level

- K0 – No ability to ambulate or transfer safely; prosthesis does NOT enhance mobility
- K1 – Transfers and ambulates with a fixed cadence on level surfaces; household ambulatory
- K2 – Demonstrated ability/potential to ambulate over curbs, stairs and uneven surfaces; limited community ambulatory
- K3 – Prosthetic demands beyond simple ambulation. Ambulates with variable cadence over most environmental barriers; community ambulatory
- K4 – Able to perform prosthetic ambulation exceeding basic skills. Ambulates with variable cadence/high impact/high energy levels; child, active adult, athlete.

Is this request for a prosthesis that is used for special circumstances? (i.e. use of special shoe or for special activity) Yes No

If “Yes”, please describe: _____

Physician’s Signature: _____ **Date:** _____