



Date of Request:

### Provider Home Visit Authorization Request Form

**Requirements:** *Clinical information and supportive documentation is required to support request for Provider Home Visit.*

*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: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_

CPT Codes Requested for Home Visit: Please circle all that apply

New patient: \_\_\_\_\_ 99341 99342 99343 99344 99345

Established Patient: \_\_\_\_\_ 99347 99348 99349 99350

Any additional services CPT Codes: \_\_\_\_\_

#### Required Information

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

Servicing Provider: \_\_\_\_\_ ID# & NPI# \_\_\_\_\_ TIN# \_\_\_\_\_

Note: Specialist must have valid referral from PCP

#### **Homebound definition from MCG Home Care (21<sup>st</sup> Edition)**

Patients considered to be homebound are those normally unable to leave home because illness or injury restricts their ability to leave their place of residence without considerable and taxing effort. This generally includes use of supportive devices such as crutches, canes, wheelchairs, and walkers; use of special transportation; or assistance of another person to leave home. A patient whose absences are infrequent, for short duration (e.g., religious services, graduations), or are necessary for healthcare (e.g., dialysis, outpatient chemotherapy, medical day care) may still be appropriately considered homebound.

Please certify that member meets homebound criteria as stated above: Yes No

Provider Signature: \_\_\_\_\_