



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.

Renal Dialysis 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 1-609-583-3014

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: _____

- Hemo-Dialysis: 90935 90937 90999
- Peritoneal Dialysis: 90989 90993 90947 90945

Other CPT Codes Requested: _____

Requesting Provider: _____ ID # & NPI #: _____ TIN #: _____

Servicing Facility: _____ ID # & NP #: _____ TIN #: _____

Nephrologist Name: _____ ID # & NPI #: _____ TIN #: _____

Additional Required Information

Dialysis Center: _____

Phone #: _____ Fax #: _____

Facility Type (circle): Free-standing Hospital-based Participating with Horizon NJ Health? Yes No

Comments: _____