



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.**

**Please Note:**

Services performed in a participating “Ambulatory Surgical Center” do not require authorization, except for the following:

**Cosmetic Surgery, Gastric Banding Adjustments, Pain Management Injections, Varicose Vein Surgery.**

**Short Procedure Unit (SPU)/Same-Day Surgery (SDS) Authorization Request Form Requirements:**

*Clinical information and supportive documentation should consist of office visit notes and recent diagnostics. Test results must be submitted to support request for approval. Notification required for any date of service change. Please complete this form in its entirety to prevent processing delays.*

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

Procedure(s) Requested: \_\_\_\_\_

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

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

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

Is the Servicing facility a:

**Hospital**

**or**

**Free Standing Ambulatory Surgical Center**

**Additional Information**

- *If the requested surgeon/facility is not in the Horizon NJ Health network, please include a letter of medical necessity (LOMN).*
- *Please be specific as to why a participating provider/physician cannot provide the services.*