



Horizon Blue Cross Blue Shield of New Jersey

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.

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 TotalCare (HMO SNP) at 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 Milliman (PO-006, HC) – CMS definition

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 (eg, religious services, graduations), or are necessary for healthcare (eg, 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 _____