



Horizon NJ Health

Date of Request: _____

In place of this form you can submit authorization requests securely online 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**.

Chiropractic 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 in order to prevent processing delays.*

Fax completed form to Horizon NJ Health at 1-609-583-3042.

General Information

Member Name: _____ Member ID #: _____ DOB: _____

Provider Contact Name: _____ Phone #: _____ Fax #: _____

List Any Additional Insurance: _____

Policy Name/Number: _____

Requesting/ Servicing Provider: _____ ID# or NPI#/TIN#: _____

Medical Information Needed

Initial Visit Date: _____ Last Service Date: _____ Total Visits to Date: _____

Authorization Date Range Requested: _____ Visits/Units Requested: _____

Primary Diagnoses (ICD-10): _____ Other Chronic Diagnoses (ICD-10): _____

CPT Codes Requested: 98940 98941 98942

Additional Required Information

1. History of injury/Radiology Studies: _____

2. Short/Long-Term goals: _____
3. What are the FUNCTIONAL goals for the therapies requested? _____
4. What progress toward those goals has the member made? _____

5. Treatment plan: _____
6. What is preventing the member from reaching the goals with the therapies already given and a home exercise program?
(For subsequent requests) _____

Please submit a copy of the referral & a copy of your evaluation/notes with your request. Horizon NJ Health covers spinal manipulation only. Treatment for chronic conditions is not a covered benefit.