



Horizon NJ Health
1700 American Blvd.
Pennington, NJ 08534
horizonNJhealth.com

Date of Request: _____

Horizon NJ Health Initial Private Duty Nursing (PDN) Request

Authorization Requests can be submitted online securely via NaviNet. If a request is submitted via Navinet, please ensure authorization forms are attached to the request. If you are not registered, please visit NaviNet.net and click *Sign Up*, or call NaviNet Customer Care at 1-888-482-8057.

Requirements: Clinical information and supportive documentation should consist of Letter of Medical Necessity or 485(Physician Plan of Care), Supervisor note, Nursing notes and any discharge information, if applicable. Please complete this form in its entirety in order to prevent processing delays. No request will be processed without a completed and signed form. Once the form is completed, please fax it to PDN Dept. at **1-609-583-3032**.

1. Member Data

Member Name: _____
Member ID number: _____ Date of Birth: _____
Phone: _____ Projected Discharge Date: _____
Parent/Legal Guardian/Principal Care Giver: _____
Care Provider in home? _____ How many? _____
Relationship(s) to member: _____
Care giver issues: _____
Other dependents/persons in the home and age: _____
Ordering Physician with contact information: _____
Other agencies involved: _____

2. Requesting Agency Information

Agency Name: _____ Provider ID#: _____
NPI#: _____ TIN: _____
Contact Name: _____
Phone #: _____

3. Medical Information Required

Primary Diagnosis with ICD 10 Code: _____
Other Diagnosis with ICD 10 Code: _____
Date Range: _____
Hours Requested per Day: _____

4. Clinical Information

System/Device	Yes/No	Comments
Vent		Type and Settings:
Trach		Type and Size:
CPAP		Delivery Method:
BiPAP		Delivery Method:
Oxygen		How many liters?
		Delivery Method:
Nebulizer Treatments		Frequency:
Chest PT		Frequency:
Suctioning		Frequency:
Central Line		Location:
PICC Line		Location:
Broviac		Location:
Hep Lock		Location:
Diet		Describe:
Tube Feed		GT/GJT/NGT
Tube Feed		Continuous or Bolus
Tube Feed		Brand:
Weight		
Height		
Aspiration Precautions		
Seizure Precautions		Seizure Log attached: Y/N Last known Seizure:
Wound Care		Site:
		Order:
		How old?
Special Skin Precautions		Describe:
Ostomy		Type:
Incontinence		
Bowel/Bladder Training		
Mobility Problems		Describe:
Sleep Disturbance		Describe:
Communication Deficit		Describe:
Orientation		Alert/Awake/Oriented
Combative/Abusive		Describe:
Out of home Treatment		What services? Where?

