



Horizon Blue Cross Blue Shield of New Jersey

Pre-Determination of Medical Benefits

This form will assist you in obtaining a pre-determination as to whether a particular service or supply will be eligible under your medical plan and if it meets the medical necessity and reasonable and customary guidelines. The processing time is 30 calendar days from the date the form is received by Horizon Blue Cross Blue Shield of New Jersey. However, in many instances, you may obtain a pre-determination of medical benefits by calling Horizon Blue Cross Blue Shield of New Jersey at 1-800-355-2583. Horizon Blue Cross Blue Shield of New Jersey will confirm the pre-determination of medical benefits in writing to you.

Determination of eligibility and fees will be based solely on the information you provide. *If the information on the actual claim differs in any way from the information you submit on this form, appropriate adjustments will be made.*

Payment of benefits is subject to the provisions of your medical plan, including eligibility, medical necessity, coordination of benefits and reasonable and customary allowances, etc at the time services are rendered. Horizon Blue Cross and Blue Shield of New Jersey will not be able to process your request unless all of the necessary information is provided.

Instructions:

If you want to obtain a pre-determination, you should:

- Complete Section 1.
- You or your Provider should complete Section 2. (If additional space is needed, a separate statement may be included.)
- Provide statements of medical necessity from the referring physician and the provider of service.
- Provide descriptive brochures for durable medical equipment and prosthetic devices, where applicable.
- Return this form with any required information to the address listed below.

Section 1: Patient Information - To be completed by the Employee/Retiree

Employer Name: _____

Employee/Retiree Name: _____
Last First MI

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Employee/Retiree ID Number: _____ Employee/Retiree Date of Birth: _____ / _____ / _____
Found on ID Card MM DD YYYY

Employee/Retiree Work Telephone: _____ - _____ - _____ Home Telephone: _____ - _____ - _____

Patient Name: _____
Last First MI

Patient Address: _____ City: _____ State: _____ ZIP: _____

Patient Date of Birth: _____ / _____ / _____ Relationship to Employee/Retiree: _____
MM DD YYYY

I hereby request a pre-determination of services or supplies described below and authorize disclosure of the necessary information to Horizon Blue Cross Blue Shield of New Jersey.

Employee/Retiree Signature: _____ Date: _____ / _____ / _____
MM DD YYYY

Section 2: Description of Services or Supplies - To be completed by the Provider (or Employee/Retiree if details are available)

Name of Provider or supply company: _____ Telephone: _____ - _____ - _____

Address of Provider: _____ City: _____ State: _____ ZIP: _____

Service to be performed: Inpatient Outpatient Physician's Office Other

Diagnosis and Procedure, Services or Supplies to be Performed or Provided Diagnosis Code (ICD9): _____

Approximate Date of Service: _____ - _____ - _____ Narrative Description: _____
MM DD YYYY

Procedure Code (CPT-4) _____ Narrative Description: _____

Fee to be charged: \$ _____ \$ _____ \$ _____ \$ _____ Total fee to be charged: \$ _____

Signature of person completing this section (Provider or Employee/Retiree): _____ Date: _____ - _____ - _____
MM DD YYYY

Return completed form with any required information to: Horizon Blue Cross Blue Shield of New Jersey
PO Box 220, Newark, NJ 07101

Please Note: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

You may want to request a Pre-Determination of Medical Benefits for services and supplies such as:

- Intravenous Therapy
(for example, for treating Lyme Disease)
- Durable Medical Equipment
(for example, wheelchairs)
- Physical, Speech, or other therapies
- Home Health Care
- Potential Cosmetic procedures

When you request a pre-determination of medical benefits, or submit an actual claim, several factors are used to determine how benefits would be payable:

1. Whether the service or supply is Medically Necessary.

The Medical Plan pays benefits only for eligible expenses that are determined to be medically necessary. Under the plan, “medically necessary” means a service, confinement or supply provided by a physician for the diagnosis or treatment of a sickness or injury and must be generally accepted by the medical community as appropriate for the condition being treated or diagnosed. The fact that a physician may prescribe, order, recommend, or approve a service or supply does not, in itself, make it medically necessary or make a covered medical expense under the Medical Plan.

2. Whether the charge is Reasonable and Customary.

Reasonable and customary means the fee charged for similar services and supplies by most physicians and/or facilities in the geographic area where the services are provided. The Medical Plan pays benefits only up to the reasonable and customary charge, subject to Plan benefit levels and Coordination of Benefits provision. If the actual charge is higher than the reasonable and customary charge, you may have to pay the difference.

3. Whether your physician or other health care provider is an approved provider for the specific service or supply.

A “physician” is a legally licensed practitioner of the healing arts acting within the scope of his or her license. “Hospital” means a legally operated institution which:

- is approved or licensed by the American Hospital Association,
- provides a broad range of 24-hour a day medical and surgical services under the supervision of a staff of licensed physicians,
- is primarily engaged in providing inpatient medical treatment,
- has organized facilities for surgical and medical diagnosis and treatment, and
- has 24-hour licensed registered nurse (R.N.) service.

The term “hospital” does not include any institution (or part of one) that is used primarily as a:

- rest facility, or
- nursing facility or facility for the aged,
- facility for the care or treatment of drug addiction or alcoholism,
- convalescent facility,
- school, or
- facility that furnishes primarily domiciliary or custodial care.

In general, providers do not charge for completing a pre-determination of medical benefits form, claim form, or any form of this nature. However, should your provider charge for completing this form, you are responsible for the cost.