• Enter or search for the Referred To Individual Provider PIN/NPI
In the Diagnosis Information section:
• Enter or search for a Principal Diagnosis code
In the Request Information section:
• Select a Service Type from the drop down menu
• Enter or use the calendar icon to select a Referral Date
• Enter the Number of Visits
• Verify the Referral Length
• Enter comments in the text box, if applicable
• Click Submit or Preview
• Clicking Submit verifies the form and takes you to the Referral Submission - Response screen
• Clicking Preview takes you to the Referral Submission - Verification screen. From this screen, you can edit and confirm that the Diagnosis and Service information are correct before submitting

6.2 Paper Referral Form
A paper Referral Form sample can be viewed in Appendix B. For a supply of Referral Forms, please call the Horizon NJ Health Physician and Health Care Hotline at 1-800-682-9091.

To ensure accurate and quick processing of claims, completed forms must be returned to Horizon NJ Health on a weekly basis.

Horizon NJ Health
Claims Processing Department
P.O. Box 7117
London, KY 40742

When referring a member for services, please complete the Referral Form, as follows:

6.2.1 Patient & Insured (Member) Information:
Block 1: Complete this section with information from the member's Horizon NJ Health ID card. Required information: member's name, ID #, patient's date of birth, Primary Care Provider’s (PCP) name, referring provider’s National Provider Identifier (NPI).

Block 2: Date the referral was issued. The referral is not valid, if the date is left blank.

Block 5: To be checked when the service rendered is emergent.

Block 4: Patient's sex. Check the appropriate box: male or female.

Block 5: Other health insurance coverage. Complete, if the patient has other health insurance coverage. Indicate the name of the other carrier, the name of the policyholder and the policy number.

Block 6: Check the appropriate box, if the condition is related to member's employment or an accident.

6.2.2 Referral Section
Referral to Specialist: Complete with the specialist's or facility's National Provider Identifier (NPI), name, address and telephone number. Complete the reason for the referral.

Referring PCP or Ob/Gyn: As the referring physician, complete with your name, address and telephone number.

Single Consultation/Consultation Treat: Check the appropriate box. The single consultation box must be checked for all therapeutic referrals (audiology, radiation, chemotherapy, and cardiac rehabilitation).

Number of Visits Authorized: If you are referring for more than six visits, an authorization is required. If the field is left blank, the referral is valid for one visit.

Timeframe for Referral: The referral is valid for 60, 90 or 180 days from the date of issue in Block 2. If the field is left blank, the referral is valid for 180 days.

If completing a paper Referral Form, send Page 1 to Horizon NJ Health and keep Page 2 for the patient's medical records. Pages 3, 4, 5, and 6 of the Referral Form are given to the specialty care physician (for the medical record), either by the member or by mail.

6.2.3 Pre-Certification Section
If your services require pre-certification or the referral is written for more than six visits,
please complete this section with pre-certification number, date phone authorization received, name of person giving the Horizon NJ Health approval and diagnosis. (Please see the reverse side of the Referral Form for a listing of services requiring pre-certification).

Physician Signature
The Referral Form must be signed by referring physician.

6.2.4 Specialist Only
This section must be completed when a specialist is referring for diagnostic radiology testing, pre-admission testing (PAT) or Stat Lab. The specialist’s National Provider Identifier (NPI), name and telephone number (found in the Physician Directory) must be completed for a free standing radiology center. (Referral for diagnostic radiology to a participating hospital does not require a Specialist ID number).

The appropriate box for Radiology, PAT or STAT Lab must be checked. Please refer to Outpatient Laboratory Services Section 3.16 for a complete listing of eligible PAT and STAT lab testing procedures. The Specialist/Hospital’s name and address must be indicated, along with the telephone number and reason for referral.

6.3 For the Member
The PCP’s office should inform the patient of the name of the specialist to whom the patient has been referred. If using a paper Referral Form, supply the member with Pages 3, 4, 5 and 6 of the Referral Form to give the specialist. If using an electronic referral, aid the member by providing a print out of the electronic referral or provide a script with the specialist’s name address and phone number.

6.4 A Standing Referral
Horizon NJ Health will authorize a standing referral for members who require a specialist’s ongoing care. The Standing Referral is pursuant to the treatment plan, which must be approved by Horizon NJ Health in consultation with the PCP, specialist, care manager and the member or, when applicable, an authorized person.

6.5 Out-of-Network Referrals
Occasionally, a member’s needs cannot be provided through the Horizon NJ Health network of physicians and health care professionals.

When the need for “out-of-network” services occurs, the physician must contact the Utilization Management Department. The Utilization Management Department, in collaboration with the recommendations of the Primary Care Provider, will arrange for the member to receive the necessary medical services with a specialty care physician. Every effort will be made to locate an in-network specialty care physician.

Members who seek self-initiated care from a non-participating physician or a non-covered service will be responsible for the cost of the care.

Utilization Management Department
1-800-682-9094

6.6 Self-Referrals
In some cases, Horizon NJ Health members may receive services without obtaining a Referral from their PCP. When provided by a participating physician or health care professional, referrals are not required for:

• Routine Gynecological Care
• Mammogram
• Obstetrical Care
• Routine Eye Examination
• Dental Care
• Behavioral Health Care for DDD members
• Emergency Room