Horizon

Horizon Blue Cross Blue Shield of New Jersey

HORIZON DENTAL CHOICE DIRECT REFERRAL AND REFERRAL EXCEPTION FORM

1. REFERRAL TYPE:	2. SPECIALTY EXCEPTION DECISION:	3. EXCEPTION AUTHORIZATION NUMBER:
☐ DIRECT REFERRAL ☐ SPECIALTY EXCEPTION- MAIL ☐ SPECIALTY EXCEPTION- TELEPHONE	☐ APPROVED ☐ DENIED REASON FOR DENIAL: ***For Horizon Dental use only**	

Insurance Information

4. PATIENT NAME		5. PATIENT BIRTHDATE MONTH DAY YEAR
6. EMPLOYEE/SUBSCRIBER NAME AND ADDRESS	7. EMPLOYEE/SUBSCRIBER ID NUMBER	8. EMPLOYEE/SUBSCRIBER BIRTHDATE MONTH DAY YEAR 9. GROUP NUMBER

PPO Specialist info

10. NAME OF DENTIST

11. ADDRESS

12. CITY, STATE, ZIP

13. PHONE NUMBER

REFERRED TREATMENT

14. IDENTIFY MISSING TEETH WITH **X**

15. EXAMINATION AND TREATMENT PLAN

16 TOOTH	17 SURF	18 DESCRIPTION OF SERVICE	19 PROCEDURE NUMBER

PRIMARY CARE DENTIST (PCD) / REFERRAL INFORMATION

20 REFERRAL INFORMATION – SEE INSTRUCTIONS

NAME OF DENTIST/PCD OR DENTAL ENTITY	PCD NJ OFFICE CODE:
ADDRESS	
CITY, STATE, ZIP	

DENTIST TIN	DENTIST LICENSE NO.	PHONE NO.

I HEREBY CERTIFY THAT THE PROCEDURE(S0 LISTED IN THE REFERRAL INSTRUCTIONS ARE NECESSARY

X _____

GENERAL DENTIST SIGNATURE DATE SIGNED

INSTRUCTIONS

IMPORTANT – This form must be used to refer a patient to a specialist. We need the information requested on the front of this form to process the specialist's claim. Please help us by filling in all the applicable boxes so claims are paid correctly.

Referrals are only permitted for HDC plans A, B, C, D, E, G, H, K and S (active and retiree plan S).

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This form must be filled out in its entirety.

Section 1-3: Direct Referral or Exception

1. Is this a direct referral, an exception request by mail or exception request by telephone? Please check the boxes that apply.
2. Authorization Decision- Approved or denied and denial reason. *** This field is for Horizon Dental use only.**
3. Authorization number- Authorization number will be placed in this field..

Sections 4-9: Insurance Information:

This field will contain all the subscriber/patient information including ID number and group number. The subscriber/patient information is required for all referrals. Fill out all of the fields for this section.

Sections 10-13: PPO Specialists Information :

This field should be completed to indicate the specialist the patient is being referred to. Please be sure to provide the name of the dentist and if in a group practice please add the practice name. Fill out all of the fields for this section.

Note: Horizon Dental uses the PPO specialty network for specialty referrals. The PCD is responsible to select a participating PPO specialist for this referral.

Section 14-19: Treatment:

This field should indicate the treatment/services being referred. Fill out all of the fields necessary for this section.

Section 20: Primary Care Dentists Referral Information

Referral information:

This field should be completed by the PCD. Be sure to include the reasoning of the referral or what necessitates the need for the specialists to perform the treatment.

Direct referral:

If this is a direct referral the Primary Care Dentist (PCD) must sign the form and give it to the patient to be taken to the appointment with the PPO Specialist for treatment. The PPO specialist should submit this form along with the ADA claim form to Horizon Dental for adjudication following completion of treatment.

SEND TO: Horizon Blue Cross Blue Shield of New Jersey Dental Programs
PO Box 1311 Minneapolis, MN
55440-1311

Specialty Exception request:

If a service not listed as a direct referral (capitated service) requires specialist care the request would require approval.

The request for this exception referral should be made via mail.

SEND TO: Horizon Blue Cross Blue Shield of New Jersey Dental Programs
PO Box 1311 Minneapolis, MN
55440-1311

The referral form should be completed and include details explaining the reason a specialist is needed for the services listed on this form. Upon receipt and review a decision will be mailed back. If the referral form does not include the the reason for referral the request will be denied and additional information will be requested.

If there is an urgent dental need the request can be made through customer service at 1-800-4-DENTAL (433-6825).

Dentist's information:

These fields should be completed with all of the PCD information. Each item within this field requires completion. The NJ code of the PCD office is required to ensure the office referring treatment is the members PCD.