Reset Form

Horizon Blue Cross Blue Shield of New Jersey

Medical Transition Care Benefit Request Form

You may complete the required fields below online and then save or print a copy for submission. To save a completed copy to your computer, choose File > Save As to rename the file and save the form with your information to your computer.

This form must be filled out by you and the treating physician. There must be one form filled out for each treatment plan and/or physician.

Effective Date of Coverage: _____ Policy Number: _____

Employer Name: _____

Employee/Retiree Name: _____ (Last) _____ (First) _____ (MI)

Employee/Retiree Address: _____

City: _____ State: _____ ZIP: _____

Member ID#: _____ (Found on ID Card) Employee/Retiree Date of Birth: _____ / _____ / _____ (MM / DD / YYYY)

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

Dependent Name (if applicable): _____ (Last) _____ (First) _____ (MI)

Dependent Address: _____

City: _____ State: _____ ZIP: _____

Dependent Date of Birth: _____ / _____ / _____ (MM / DD / YYYY) Relationship to Employee/Retiree: _____

Current Insurance Company and Policy #: _____

Is the current insurance company covering the services you are requesting to be transitioned? ☐ Yes ☐ No

Is the member requesting transition care covered by any other health insurance? ☐ Yes ☐ No

Reason for requesting continued treatment by a non-participating Blue Card PPO Provider: (continue on a separate page, if necessary)

_____

_____

To Be Completed by Treating Physician

Name of treating physician: _____ Telephone: _____ – _____ – _____

Address of treating physician: _____

City: _____ State: _____ ZIP: _____

Diagnosis (including ICD9 code) and description of illness or injury: _____

_____

Date of diagnosis: _____ / _____ / _____ (MM / DD / YYYY) Duration of treatment: _____

Treatment Plan (attach additional information as necessary): _____

_____

List any medications patient is taking: _____

Physician Signature: _____

To be Signed by Patient or Guardian:

I hereby authorize the above physician to provide Horizon Blue Cross Blue Shield of New Jersey or any affiliated Horizon Blue Cross Blue Shield of New Jersey company with any and all information including medical records relating to the above diagnosis and treatment plan for Horizon Blue Cross Blue Shield of New Jersey use in evaluating my request for Transition Care Benefits. This authorization is valid 6 months from the date signed below.

Signed by Patient or Guardian: _____ Date: _____ / _____ / _____ (MM / DD / YYYY)

Return Completed Form to: Continuity of Practitioner Care/Transitional Benefits Coordinator, PP-13H
Horizon Blue Cross Blue Shield of New Jersey
P.O. Box 420, Newark, NJ 07101-0420

Horizon Blue Cross Blue Shield of New Jersey
Transition Care

Purpose of Transition Care

Transition Care, also referred to as treatment in progress, is a benefit that allows new subscribers and covered dependents to receive medical care by non-participating providers at the in-network benefit level for treatment of an acute injury or illness. Transition care is short term and not intended to replace the regular provisions of the program.

Examples of Medical Conditions that May Meet Transition Care Guidelines

- Women who are pregnant and have had their first pre-natal visit prior to the effective date of coverage
- Acute fracture victims
- Heart attack victims under acute care
- Cancer patients currently undergoing approved chemotherapy or radiotherapy treatment protocols
- Diagnosed terminal illness where life expectancy is less than 60 days
- Members hospitalization at the time of eligibility
- Surgery scheduled in the month prior to coverage effective date

Examples of Medical Conditions that may NOT Meet Transition Care Guidelines

- Routine examinations, vaccinations and health assessments
- Stable but chronic conditions, e.g., diabetes, hypertension, allergies, arthritis
- Minor illnesses, e.g., colds, sore throats, ear infections, bronchitis, strains, sprains
- Long term management of cancer, dialysis, transplants, etc.

Transition Benefit Enrollment Process

All requests for transition care must be submitted in writing. A separate request form must be completed for each condition/provider requested.

Transition Review Process

Upon receipt of the Medical Transition Care Request Form, the Medical Department will review and evaluate the information. Based upon this initial information, the subscriber will be informed, in writing, of the decision in one of three ways.

1. Request for transition care approved for a specific period of time or a specific number of visits.
2. Request for transition care denied.
3. Request for additional information needed before a final decision can be made.

Care rendered by the non-participating providers after the transition period has expired will be paid at the out-of-network benefit level.