DEPARTMENTAL MEMORANDUM
MAD-MR: 19-02
DATE: March 19, 2019

TO: MEDICAL ASSISTANCE DIVISION
FROM: NICOLE COMEAUX, J.D., M.P.H., DIRECTOR, MEDICAL ASSISTANCE DIVISION
THROUGH: SHARILYN ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS, MEDICAL ASSISTANCE DIVISION
BY: SELINA LEYBA, TPA DDW CONTRACT ADMINISTRATOR, EXEMPT SERVICES AND PROGRAMS BUREAU, MEDICAL ASSISTANCE DIVISION

SUBJECT: REVISED MAD 303 FORM, EFFECTIVE 04/01/2019

GENERAL INFORMATION:
The Medical Assistance Division has updated the MAD 303 Fee for Service Prior Authorization Request Form. This form is used by providers and the Third-Party Assessor (TPA) for FFS Prior Authorization requests for the following services:

- Physical Therapy
- Speech Therapy
- Nutritional Supplements
- Hearing and Vision Services
- Outpatient Surgery
- Occupational Therapy
- Durable Medical Equipment
- Prosthetics and Orthotics
- Wound Care
- Acute to Acute Hospital Transfers

Form changes include:

- Added check box for “Acute to Acute Hospital Transfer”
- Added language to encourage providers to check eligibility for member on the New Mexico Medicaid Provider Portal.

Please address any questions concerning these guidelines to: Selina.Leyba@state.nm.us or 505-476-7255.
# Fee for Service Prior Approval Request

**Physical Therapy**  **Occupational Therapy**  **Speech Therapy**  **Durable Medical Equipment**
**Nutritional Supplement**  **Prosthetics and Orthotics**  **Hearing Aid Services**  **Vision Services**
**Wound Care**  **Outpatient Surgery**  **Acute to Acute Hospital Transfer**

<table>
<thead>
<tr>
<th>RECIPIENT Name (Last, First, MI)</th>
<th>Medicaid ID Number</th>
<th>Date of Birth</th>
<th>Sex: □ M □ F</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECIPIENT Address (Street, City, State, Zip Code)</td>
<td></td>
<td>If in Care Facility, give name</td>
<td></td>
</tr>
</tbody>
</table>

**ORDERING PHYSICIAN** Name, Address, Zip Code

**ORDERING PHYSICIAN Phone Number and Fax Number**

**New Mexico Provider ID (required)**

PROVIDER/FACILITY/AGENCY (Name, Address, Zip Code)

**PROVIDER Phone Number and Fax Number**

**New Mexico Provider ID (required)**

**REQUEST FOR TREATMENT, EQUIPMENT OR SERVICE (specify frequency and duration)**

Circle one:

- **Rental**
- **Duration**
- **Purchase**
- **Date of verbal approval**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Units/Number Requested</th>
<th>Description</th>
</tr>
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</tbody>
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Please attach signed medical orders and clinical documentation.

**Other**

**DIAGNOSIS, HISTORY AND MEDICAL JUSTIFICATION FOR REQUEST** – (If applicable, attach a separate sheet or copy of office record)

**Diagnosis Code**

**Ordering Provider Signature**

**Date**

**REVIEWING AGENCY USE ONLY**

<table>
<thead>
<tr>
<th>Date Reviewed</th>
<th>□ Approved</th>
<th>TPA/UR Reviewer Initials</th>
<th>Service Authorized</th>
<th>Authorization Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Denied</td>
<td></td>
<td>from _______ to _______</td>
<td></td>
</tr>
</tbody>
</table>

- This authorization must be attached when filing claim OR authorization number is to be inserted in the appropriate block of the claim form.
- This authorization is subject to the eligibility of the patient at the time the service is rendered. Verify the patient’s eligibility by checking the New Mexico Medicaid Provider Portal. The patient’s eligibility may terminate without notification to the provider. Transfer of the patient to a nursing home or other institution may change the benefits available to the patient. The provider must verify the status of the approval when such a transfer occurs.
- Payment is contingent on payment levels in effect on the date of service. Approval does not guarantee payment levels that may be quoted as part of the approval request.
- Monthly rental charges shall not exceed 10% of purchase price. All rental payments must be applied toward purchase. Services and supplies must be initiated within 60 days of date reviewed or authorized; tangible items must be supplied within 60 days of authorization date.
- Authorized services and goods must be provided only within approved dates and not to exceed 1 year from date of date reviewed.

**AGENCY USE ONLY**

MAD 303 Revised 04/01/2019