



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: ALL PROVIDERS OF MEDICAID NEWBORN AND WOMEN'S REPRODUCTIVE HEALTH SERVICES

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: ROBERT STEVENS, BUREAU CHIEF, BENEFITS BUREAU

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SUBJECTS: **I. REVISED MAD FORM 313-NOTIFICATION OF BIRTH**
II. MEDICAID FAMILY PLANNING WAIVER "QUICK FACTS"

This supplement contains important information for Medical Assistance program providers. In addition to a revised MAD form 313-Notification of Birth, there is information about the Medicaid Family Planning Waiver.

I. REVISED MAD FORM 313-NOTIFICATION OF BIRTH

The MAD form 313-Notification of Birth has been updated (12/2008) to reflect Blue Cross Blue Shield (BC/BS) of New Mexico as a new Managed Care Organization (MCO) of choice for Medicaid recipients. The revised form is attached and should be used to facilitate providers for the services rendered to the newborn. Contact information for Blue SALUD! is:

Blue Cross Blue Shield of New Mexico: Blue Salud Enrollment
Fax: (505) 816-3608
Phone: (866) 689-1523

For additional information about using the Notification of Birth form, as well as additional MCO contacts, please review Supplement 07-10, which can be found at:

http://www.hsd.state.nm.us/mad/pdf_files/Supplements/MAD_REG_S_07_10.pdf

A copy of the revised form is attached for your convenience. The form can also be found on the HSD Medical Assistance Division website at:

http://www.hsd.state.nm.us/mad/pdf_files/Forms/MAD313.pdf

II. MEDICAID FAMILY PLANNING WAIVER “QUICK FACTS”

As you may already be aware, New Mexico Medicaid operates a family planning waiver for uninsured women aged 19 through 50 who are ineligible for full Medicaid benefits. Women who are approved under this family planning waiver are eligible to receive pregnancy prevention services, including contraceptives and associated annual PAP exams and lab work, as well as STD screenings and treatment, from any enrolled New Mexico Medicaid provider. When performed in a contraceptive management context, HPV vaccines, elective sterilizations, colposcopies and pregnancy tests are also covered benefits. Please refer to the attached list of currently approved codes.

Quick Facts about the New Mexico Medicaid Family Planning Waiver covered services:

- Virtually any form or brand of contraceptive is covered
- STD screenings *and treatment* are covered when diagnosis relates to family planning
- Colposcopies are covered when diagnosis relates to family planning
- PAP smears are part of the contraceptive management office visit and are not billed as separate claim line items
- IUD *insertion, removal and surveillance* are covered when diagnosis relates to family planning
- “Preventive” evaluation and management CPT codes are *not covered*

Feel free to review the entire provider rule available at:

http://www.hsd.state.nm.us/mad/pdf_files/provmanl/prov762.pdf

and the pertinent billing instructions available at:

http://www.hsd.state.nm.us/mad/pdf_files/BillingInstructions/83253.pdf

ACS will offer provider trainings specific to the family planning waiver throughout 2009; watch the weekly newsletters on the ACS Web Portal for times and locations!

Family planning waiver recipients who require medical services other than family planning should contact a Federally Qualified Health Center (FQHC). FQHCs have signed an agreement to provide non-family planning services to women on the family planning waiver at a sliding scale fee. Please let your patients know that through FQHC facilities, they may receive non-covered services at a reduced cost.

If you have questions regarding Medicaid women’s health services, please call Tonya Pamatian, Women’s Health Program Manager, (505) 827-3165, or e-mail tonya.pamatian@state.nm.us.

Thank you for participating in the New Mexico Medicaid.

Attachment



Notification of Birth

Medical Assistance Division

Section I – Hospital/Medical Provider Information	
Hospital or Medical Provider Name:	
Address:	P.O. Box/Street Address
	City State Zip

Section II – Certification of Birth			
Child's Name:	Last	First	Middle
Date of Birth:	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Certified by:			
Signature:		Telephone Number	Date: / /
Has the application for a Social Security card for the child been made?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section III – Parent Information			
Mother's Name:	Last	First	Middle Social Security Number
Mother's Maiden Name:			
Address:	P.O. Box/Street Address		
	City	State	Zip
Father's Name:	Last	First	Middle
Address:	P.O. Box/Street Address		
	City	State	Zip
Has Paternity Been Establish?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section IV- Mother's Medicaid Information	
Medicaid Number (from Medicaid ID card):	
Managed Care Status (please check one):	<input type="checkbox"/> Exempt <input type="checkbox"/> PHP <input type="checkbox"/> LCHP <input type="checkbox"/> MHCP <input type="checkbox"/> BCBSNM

When completed, this form meets the initial verification of U.S. citizenship as required by the New Mexico Medical Assistance Division. Submission of this form demonstrates a request to enroll the child named above in the Managed Care Organization of the mother. Medicaid eligibility for the above named child is for twelve months. After the twelve months, a new application may be needed for medical coverage in another category of eligibility.

Section V - ISD Office Use Only		
Temp ID#	<input type="checkbox"/> Child is Ineligible for Medical Assistance	Date Issued: / /
ISD Worker:	Print Name	Signature

INSTRUCTIONS FOR FORM MAD 313 NOTIFICATION OF BIRTH

PURPOSE

The Notification of Birth form (MAD 313) is for hospitals or medical providers to notify the County Income Support Division (ISD) Office of the birth of a child to a New Mexico Medicaid eligible mother. The ISD Office will use the form to determine a child's Medicaid eligibility and temporary identification number.

INSTRUCTIONS

When a child is born to a Medicaid eligible mother, hospitals or medical providers should:

- Complete Sections I through IV.
- Fax the completed form to the County ISD Office where the mother resides.
- If the mother's is enrolled in a MCO, fax a copy of the completed form to the MCO as noted in Section IV.

Upon receipt of the form, the ISD caseworker:

- Determines the child's eligibility.
- Completes Section V.
- Files in the case record.

FORM RETENTION

Permanent

NEW MEXICO MEDICAID FAMILY PLANNING WAIVER APPROVED CODES

THIS LIST IS SUBJECT TO CHANGE
 (For code description, see appropriate manuals)

2006-2009 Family Planning Waiver Procedure Codes (when diagnosis relates to family planning)

11975	82550	87040	87539	99212
11976	82553	87070	87590	99213
11977	82565	87071	87591	99214
36415	82570	87073	87592	99215
57170	82575	87076	87620	99221
57410	82670	87077	87621	99222
57421	82677	87081	87622	99223
57454	82947	87086	87640	99231
57455	82948	87088	87641	99232
57460	82950	87110	87653	99233
58300	82962	87147	87800	99241
58301	83001	87164	87801	99242
58340	83690	87184	87808	99243
58345	84075	87186	87850	99244
58565	84144	87205	88141	99245
58600	84146	87206	88142	
58605	84702	87207	88143	
58611	84703	87210	88147	
58615	85004	87220	88148	A4261
58670	85007	87270	88150	A4266
58671	85025	87305	88155	A4267
58950	85027	87320	88164	A4268
74740	85045	87485	88165	A4269
74742	85300	87486	88172	G0123
76830	85378	87487	88173	G0141
76856	85576	87490	88174	J1055
76857	85597	87491	88175	J1056
77080	85610	87492	88300	J7300
77081	85652	87495	88302	J7302
78350	85730	87496	88305	J7303
80074	86592	87497	88307	J7304
80076	86631	87498	88371	J7306
81000	86632	87528	90649	J7307
81001	86687	87529	93005	J8499
81002	86688	87530	93010	P3000
81003	86689	87531	96372	P3001
81005	86694	87532	99000	Q0111
81025	86695	87533	99201	S4989
82040	86696	87534	99202	S4993
82043	86701	87535	99203	
82105	86702	87536	99204	
82150	86703	87537	99205	
82247	87015	87538	99211	

2006-2009 Family Planning Waiver Revenue Codes* (when diagnosis relates to family planning)	
0250	0519
0258	0520
0260	0521
0270	0529
0271	0636
0272	0710
0370	0762
0510	0925
0513-0516	

*Note: Other revenue codes may be used only when accompanied by family planning diagnosis code *and* procedure code from this list.