

**DEPARTMENTAL MEMORANDUM**

**MAD-MR: 16-07**

**DATE: 12/1/2016**

**TO: MAD**

**FROM: NSL NANCY SMITH-LESLIE, DIRECTOR  
MEDICAL ASSISTANCE DIVISION**

**THROUGH: SHARILYN ROANHORSE-AGUILAR, BUREAU CHIEF  
EXEMPT SERVICES AND PROGRAMS BUREAU**

**BY: SRA SHARILYN ROANHORSE-AGUILAR, EXEMPT SERVICES AND PROGRAMS  
BUREAU**

**SUBJECT: REVISIONS TO MAD 303 PRIOR APPROVAL REQUEST FORM**

**GENERAL INFORMATION**

This form is used by providers and the Third Party Assessor (TPA) for Fee for Service Prior Authorization requests for physical therapy, occupational therapy, speech therapy, durable medical equipment, nutritional supplement, prosthetics and orthotics, hearing aid services, vision services, wound care, and outpatient surgery. It is an integral part of the process and updates are needed to clarify use of the form.

**FILING INSTRUCTIONS**

Please replace all previous versions of the MAD 303 form.

Major changes to the form include:

- Add checkbox for "Wound Care"
- Add checkbox for "Outpatient Surgery"
- Combined "NPI" box and "Taxonomy" boxes to single box and added "New Mexico Provider ID (required)" box.
- In "Procedure Code" boxes, added boxes for "Units/Number Requested".
- Add statement "Please attach signed medical orders and clinical documentation".

Please address any questions concerning these guidelines to:  
[Sharilyn.roanhorse@state.nm.us](mailto:Sharilyn.roanhorse@state.nm.us) or call (505) 827-1307.

## Fee for Service PRIOR APPROVAL REQUEST

Send PA Requests to:  
Third Party Assessor (TPA)

<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Durable Medical Equipment
<input type="checkbox"/> Nutritional Supplement	<input type="checkbox"/> Prosthetics and Orthotics	<input type="checkbox"/> Hearing Aid Services	<input type="checkbox"/> Vision Services
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Outpatient Surgery		
RECIPIENT Name (last, first, MI)		Medicaid ID Number	Date of Birth
		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
RECIPIENT Address (street, city, state, zip code)			If in Care Facility, give name

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 \_\_\_\_\_

Procedure Code	Units/Number Requested	Description
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**

Date Reviewed	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	TPA Name	Service Authorized from _____ to _____	Authorization Number
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- This authorization must be attached when filing claim OR authorization number is to be inserted in the appropriate block on 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 monthly ID card before rendering service. 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
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