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Nicole Comeaux, J.D., M.P.H., Director

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

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	<input type="checkbox"/> Acute to Acute Hospital Transfer	

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
Procedure Code	Units/Number Requested	Description
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/UR Reviewer Initials	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 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