

FFS Prior Authorization Request Types & MAD Forms

MAD 303 – Prior Authorization Request Form for the following services:
DME, Therapies, Hearing Aids, Vision, Nutritional Supplements,
Wound Care, Outpatient Surgery, Prosthetics & Orthotics

MAD 301 – Home Health Care

MAD 302 – Eye Services Prior Approval Request for Contacts

MAD 331 – Title XIX Request for Prior Approval Inpatient Rehabilitation Services

Forms are available on the NM Medicaid Portal:

<https://nmmedicaid.acs-inc.com/static/ProviderInformation.htm#FormsPubs>

Providers to submit the following documentation for prior authorization requests:

Initial Request:

Complete MAD Form with the following:

Medicaid ID number (not SSN)

Name and NM Medicaid ID # of the facility and the requester

Date of service/range or duration of rental or purchase

Requested number of units – converted from visits

ICD10 diagnosis

Signed and dated provider order for Physical Therapy

Ongoing Physical Therapy Requests:

Complete MAD Form with the following:

Requested number of units

Start and end date

Provider Order

Please include the initial signed provider order

or

New order if the initial order was specific for number of weeks of treatment and you have surpassed the original order