HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION

Fee for Service
PRIOR APPROVAL REQUEST

Send PA Requests to:
Third Party Assessor (TPA)

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Durable Medical Equipment
☐ Nutritional Supplement ☐ Prosthetics and Orthotics ☐ Hearing Aid Services ☐ Vision Services
☐ Wound Care ☐ Outpatient Surgery

RECIPIENT Name (last, first, MI)	Medicaid ID Number	Date of Birth	Sex ☐ M ☐ 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	☐ Approved ☐ Denied	TPA Name	Service Authorized from_____ to_____	Authorization Number

- 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