

Providers to submit the following documentation for all Physical Therapy/Occupational Therapy requests

Initial Request:

- MAD 303 completed with the following:
 - Medicaid ID number (not SSN)
 - Name and New Mexico Medicaid Provider ID of the facility and the requester
 - Date span of service
 - Requested number of units – converted from visits
 - ICD10 diagnosis
- Signed and dated provider order for PT/OT
- PT/OT initial evaluation that includes and addresses the following:
 - Treatment will include instruction in Home Exercise Program (HEP)
 - Goals: Maximize functional independence; reduce intensity and frequency of symptoms; gain independence in HEP and self-management
 - Clinical assessment, including any testing performed

Ongoing PT Requests:

- MAD 303 completed as for the initial request
- Signed and dated provider order for PT/OT
 - Please include the initial order; or
 - New order if the initial order was specific for number of weeks of treatment and that time frame has surpassed the original order
- The latest PT/OT note that addresses the following:
 - Continued teaching and evaluation of the knowledge and retention for the home exercise program
 - Documentation of partial progress in meeting the treatment goals set in the initial evaluation: including improved functional independence; independence in self management; and adherence to HEP
 - Ongoing progressive therapy goals