



HUMAN SERVICES
DEPARTMENT

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DEPARTMENTAL MEMORANDUM

MAD-MR: 19-13

DATE: November 14, 2019

TO: MEDICAL ASSISTANCE DIVISION

FROM: *NJC* **NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION**

THROUGH: *RS* **SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU (ESPB)**

BY: **LINDA GILLET, BRAIN INJURY PROGRAM / ESPB** *LG*

SUBJECT: MAD 404 REVISED SEPTEMBER 2019, BRAIN INJURY SERVICES FUND (BISF) PHYSICIAN'S ORDER FORM

GENERAL INFORMATION

The MAD 404 is provided by the contracted Service Coordination Agency (SCA) of the Brain Injury Services Fund (BISF) to a Program participant's medical provider for the purpose of ordering a service/item that is deemed medically necessary to treat their patient's brain injury or brain injury symptoms. The form was revised as follows:

- Form (page 1):
 - Removed Goodwill Industries of NM; added Care Network and Los Amigos with check boxes and fax numbers;
 - Added direction to contact HSD with any questions; and
 - Condensed the introduction about the BISF program.
- Instructions (page 2):
 - Replaced reference to *BISF SOP 18-1* with *BISF Standard Operating Procedures*, and
 - Directed medical professionals to fax the form to the agency checked at the top of the form.

FILING INSTRUCTIONS

Please make the following replacements in the Medical Assistance Forms Manual:

DELETE MAD 404 Revised August 2018
INSERT MAD 404 Revised September 2019

Please address any questions concerning these guidelines to Lindab.gillet@state.nm.us or call (505) 827-7218.

Attachment: MAD 404 Revised September 2019



NEW MEXICO BRAIN INJURY SERVICES FUND PROGRAM
Medical Assistance Division

PHYSICIAN'S ORDER FORM
HOME AND COMMUNITY BASED SERVICES

NOTE TO PHYSICIAN'S OFFICE: FAX TO THE SERVICE COORDINATION AGENCY CHECKED BELOW:

- Care Network; FAX: 888-838-7086
Los Amigos; FAX: 505-474-2804

For questions, call the HSD BISF Program Manager • 505-827-7218

Dear Attending Medical Provider,

Your patient, _____ DOB _____
may be eligible to receive assistance from the New Mexico Brain Injury Service's Fund (BISF) Program to pay for the
following service/item: _____

This form is to be completed by a licensed physician or other qualified medical professional. A separate Physician's
Order Form is required for each service/item needed to treat the patient's Brain Injury or symptoms resulting from a Brain
Injury. (Brain Injury is defined as traumatic or other acquired brain injury, per approved program ICD-10 Codes.)

Physician's Order

For the patient named above, I am ordering _____
for the treatment of Brain Injury or symptoms resulting from Brain Injury. This service/item is needed in order to
address my patient's unmet rehabilitation needs or otherwise address an immediate and imminent risk to my
patient's health and safety. This service/item is being requested through the BISF, using available budget, due to
the patient's lack of health insurance coverage or ability to pay. (NOTE TO PHYSICIAN: Please provide your
honest assessment about what your patient needs, regardless of budget issues.)

- I am recommending a need for this service/item at the following frequency: _____
I am recommending that frequency of the service/item be determined by the qualified provider, following their
evaluation.

Printed Name of Physician, Physician Assistant, or Certified Nurse Practitioner

Address of Physician, Physician Assistant, or Certified Nurse Practitioner

Phone Number of Physician, Physician Assistant, or Certified Nurse Practitioner

Signature of Physician, Physician Assistant, or Certified Nurse Practitioner

Date

Please note: Physicians may use their own letterhead to list multiple services/items that are being referred for payment by the BISF Program. The letter
should clearly specify the relationship between the services/items and the Brain Injury as well as the recommended frequency for each service/item. If
the physician does not specify an earlier expiration date, this order will automatically expire one year from the patient's program start date, reentry date,
or program-approved extension date.

**NEW MEXICO BRAIN INJURY SERVICES FUND (BISF) PROGRAM
PHYSICIAN'S ORDER FORM – HOME AND COMMUNITY BASED SERVICES**

Form Instructions

PURPOSE: The MAD 404 is a Physician's Order (PO), which allows a participant's medical provider to order a service/item that is medically necessary to treat their patient's brain injury or brain injury symptoms. The order may be fulfilled, only in the event that the participant lacks the needed health insurance coverage for the service and the BISF Program has available budget to cover related costs at the recommended frequency. The top portion is to be completed by the contracted BISF Service Coordination Agency (SCA); this section identifies the patient, introduces the Program, and explains the purpose of the form. The portion of the form inside the box, representing the actual "Order", is to be completed by the participant's Medical Doctor/Physician, Physician's Assistant, or Certified Nurse Practitioner. BISF Service Coordinators are directed to *BISF Standard Operating Procedures* for information on completing related referrals.

INSTRUCTIONS:

The participant's Service Coordinator (SC) will complete the top portion of the form by checking the name of their agency, entering the program participant's name, date of birth (DOB), and the service/item that is being requested.

The participant's Medical Professional will complete the portion of the MAD 404 inside the box.

- 1) Enter the name of the service/item being ordered.
- 2) Check the appropriate box that specifies
 - a. the recommended frequency of the service/item, or
 - b. that the frequency will be determined by the provider of the service/item, following their evaluation.
- 3) Enter the attending medical professional's printed name, address and phone number.
- 4) Sign in ink and date. The BISF Program cannot accept an electronic signature.
- 5) Fax the form to the Service Coordination Agency checked at the top of the form.

ROUTING:

The SCA will complete the top section of the MAD 404 and send it to the Attending Physician's office. Following completion of the actual order by a licensed medical professional, the Physician's office will fax the form to the office of the SCA that is checked at the top of the page. The SCA will submit POs for services/items requested as part of any service extension beyond one year to the HSD BISF Program Manager. As authorized, the SCA will submit the MAD 404 and any related referral documentation to the BISF-contracted Fiscal Intermediary Agency (FIA) for fulfillment of the order. The MAD 404 Physician's Order will be retained by the SCA and FIA as part of the participant's file.

FORM RETENTION:

Permanent