Comagine Health

New Mexico Medicaid Checklist
ICF/IID Level of Care

Requesting facility to provide the following fully completed documents with required signatures:

- ☐ MAD 378
- ☐ History and Physical (H&P)
- ☐ Psychological evaluation
- ☐ Current, valid assessments of functional developmental, behavioral, social, health and nutritional status

Please double check the accuracy of all information submitted:

- ☐ Correct spelling of recipient name
- ☐ Accuracy of recipient Medicaid ID
- ☐ Recipient date of birth
- ☐ Correct service dates
- ☐ All NM state service provider IDs (correct number for the dates of service)
- ☐ Correct boxes marked on abstract

Program Rules

New Mexico Administrative Code (NMAC): http://164.64.110.134/parts/title08/08.350.0002.html

Code of Federal Regulations (CFR): https://www.ecfr.gov/cgi-bin/text-idx?SID=c46907c9c8458f65d0db914b166d92a9&mc=true&tpl=/ecfrbrowse/Title42/42tab_02.tpl