Comagine Health

New Mexico Medicaid Checklist
Non-DRG LTAC Hospital

Per New Mexico Administrative Code: Hospital Services 8.3111.2

Requesting provider/facility to submit the following information and completed documents:

- ☐ NM State Provider ID Number is mandatory for all reviews
- ☐ NPI Number
- ☐ Reason for admission
- ☐ History and Physical (medical admissions record)
- ☐ Progress notes (To/From dates required)
- ☐ Discharge summary from hospital
- ☐ Social services assessment
- ☐ Discharge planning
- ☐ PT/OT/ST evaluations with recommendations and goals
- ☐ All therapies need to have documentation of the patient response and participation
    - ☐ PT: Include patient response or participation. Document that the patient was a full participant in the therapy offered in the hospital.
- ☐ Respiratory therapy orders and interventions
- ☐ Respiratory status (chest PT, O2, hi flow, NIPPV, etc.)

Requesting provider/facility to submit additional information/documentation as applicable:

- ☐ Schedule of outside appointments
- ☐ Ventilator settings (if any)
- ☐ Neuro status (Glasgow scale, seizures, etc.)
- ☐ Mental status (sitter, chemical/physical restraints, etc.)
- ☐ Lab values
- ☐ Diagnostics (imaging, etc.)
- ☐ Vital signs (current day of admit or w/in previous 24 hours)
- ☐ Nutrition (related labs, weight loss, other factors (fistula, etc.))
- ☐ Wounds (if any)
    - ☐ Measurements
    - ☐ Wound care orders
    - ☐ Adjunctive wound therapies
- ☐ Infection (if any)
    - ☐ Type of infection
    - ☐ Treatment
    - ☐ Date tx started
    - ☐ Est. tx end date