

New Mexico Medicaid Checklist: ICF-IID Initial LOC Review



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

MAD 378

History & Physical Exam

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 ID's (Correct number for the dates of service)

Correct boxes marked on abstract

For program rules please visit the links below:

New Mexico Administrative Code (NMAC): <http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.350.0002.htm;geturl;terms=8.350>

Code of Federal Regulations (CFR): http://www.ecfr.gov/cgi-bin/text-idx?SID=02f7db632216e1759e16307a760d25a6&mc=true&tpl=/ecfrbrowse/Title42/42cfr456_main_02.tpl