

New Mexico Medicaid Checklist: Non DRG LTAC Hospital Submission*



Revised 4/15/2016

* Per New Mexico Administrative Code: Hospital Services, 8.311.2

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 & 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 & 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 & interventions

Respiratory status (chest PT, O2, hi flow, NIPPV, etc)

If 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