

New Mexico Medicaid

Checklist: Acute Rehabilitation Hospital Submission*



* Per New Mexico Administrative Code: Hospital Services, 8.311.2

Revised 4/5/2016

Requesting Provider/Facility to submit the following information and completed documents:

- ☐ NM State Provider ID Number is mandatory for all reviews (not NPI)
- ☐ 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:

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| ☐ Schedule of outside appointments | ☐ Wounds (if any) |
| ☐ Ventilator settings (if any) | ☐ measurements |
| ☐ Neuro status (Glasgow scale, seizures, etc) | ☐ wound care orders |
| ☐ Mental status (sitter, chemical/physical restraints, etc) | ☐ adjunctive wound therapies |
| ☐ Lab values | ☐ Infection (if any) |
| ☐ Diagnostics (imaging, etc) | ☐ type of infection |
| ☐ Vital Signs (current day of admit or w/in previous 24 hours) | ☐ treatment |
| ☐ Nutrition – related labs, weight loss, other factors (fistula, etc) | ☐ date tx started |
| | ☐ est tx end date |