Medicare Part A Triple Check Form

Resident _____   Facility _____

Dates of Service: From _____   Through _____

Initial Review Month column to verify the item has been met. Place an X in the column if not met. N/A if not applicable.

	Compliance Element	UB04 Field Locator	Source	Assigned To	Review Month _____	Review Month _____	Review Month _____
	Documentation Review						
1	Verify eligibility and benefit days (active Part A coverage, verify no open hospice election or Medicare Advantage enrollment, etc.)	N/A	Eligibility Verification				
2	Review for any interrupted stays (i.e. would the resident qualify for a new stay or a continuation)	N/A	Census				
3	Verify MSP questionnaire was reviewed for this admission	N/A	Resident Record/MSP Form				
4	Verify all required physician orders, plans of care (with physician involvement), etc. are signed and dated including the order to "admit to skilled care." Verify H&P completed upon admission, Physician documentation q 30 days, D/C summary completed upon discharge from Part A.	N/A	Physicians Orders/ Documentation				
5	Verify certification/re-certification is timely signed/dated by the physician or non-physician practitioner (date of signature is Day One for counting purposes). Recommend following internal policy re: cert process, as CMS regs merely require ASAP after admission.	N/A	Certification/Re-cert form				
6	Determine if any IPA assessments were completed and if yes, appropriately billed	42-47	UB04 / MDS Section Z				
7	Verify all MDS on claim have been transmitted and accepted (review validation report for re-calculations)	66	Validation Report				
8	Verify therapy treatment minutes and days on PPS discharge assessment equal all days / minutes for the entire stay	N/A	Rehab Service Grids / MDS Section O				
9	Verify primary ICD-10 chosen for stay maps to a clinical category under PDPM.	N/A	MDS Section I0020B				
10	Verify PT, OT and nursing functional scores (GG) are accurate	N/A	Medical Record / Section GG				
	Claims Review (see back page for Medicare Quick Reference Guide)						
11	Verify resident demographic data, i.e. name, BNI#, etc.	8, 10, 11, 60	UB04 / Eligibility Verification				
12	Verify presence of qualifying hospital stay with accurate reflection of dates (occ span code 70). Verify presence of QHS records: physician H&P, physician D/C summary, surgical records, MARs, PT/OT/ST documentation, d/c orders, transfer sheet. Verify subsequent hospital/SNF stays are accurate reflected (occ span codes 71 and 78)	35	Hospital Record / Eligibility				
13	Verify type of bill is accurate based on patient status	4	UB04 / MDS Section Z				
14	Verify attending physician Name / NPI	76	UB04 / MDS Section Z				
15	Verify primary diagnosis on claim corresponds to I0020B and diagnoses are accurately sequenced on the claim and supported by the medical (i.e. diagnosis for NTA/SLP/nursing comorbidities).	66	UB04 / Resident Record / MDS Section I				
16	Verify admission date, service dates and room and board charges are accurate	6	UB04 / Census				
17	Verify rehab charges are accurate and units correspond to treatment days	42-47	Rehab Treatment Logs / UB04				
18	Verify covered ancillary charges are all captured and accurate (lab, radiology, pharmacy, medical supply)	42-46	Ancillary Service Invoices / UB04				
19	Verify all required coding is accurate and present (i.e. occurrence, codes, value codes, condition codes, etc.)	34-34 39-41	UB04				
20	Verify ARD(s) of MDS assessment(s) on claim (occurrence code 50) match to section A of the MDS(s) and are within the window	31-33	UB04 / MDS Section A				
21	Verify HIPPS code matches to Section Z	42-47	UB04 / MDS Section Z				
22	Verify if any compliance claims are required (i.e. No Pay, Benefits Exhaust, etc.) and prepared for billing	N/A	UB04 / Census				

Discharge Status

Date: _____

Discharge Date: _____

Denial Notice Given

Notice of Non-Coverage _____

SNF-ABN _____

QRM

Completion of this form in no way guarantees payment of the Medicare claim or compliance with Medicare requirements. This form is a tool for internal use only.

Medicare Quick Reference Guide

TYPE OF BILL (FL 4)

Still a resident (in Medicare certified bed)

212	1st in a sequence or 1st and last if patient discharged to LTC
	Admit date = from date
	Thru date is a covered day
	Patient status = 30
213	Continuing claim (patient status 30)
	Admit date not = from date
	Thru date is a covered day

Discharged from facility or to non-certified bed

214	Last in a sequence (patient left facility)
	Admit date = from date
	Thru date is day of discharge (not billable day)
211	Patient status is not 30
	First and last bill (patient left facility)
	Admit date = from date
	Thru date is day of discharge (not billable day)
222	Outpatient SNF resident
223	Outpatient, non-SNF resident
	Thru date is day of discharge (not billable day)

PATIENT STATUS CODES (FL 17)

01	Discharged to Home
02	Discharged to Hospital
03	Discharged/Transferred to Another SNF
04	Discharged to another ICF or Non-Certified Section
30	Still a Patient
06	Discharged to Home with Home Health
20	Expired
50	Discharged to Hospice (home)
51	Discharged to Hospice (facility)

VALUE CODES (FL 39)

09	Part A Coinsurance (**$170.50**/day)
80	Covered Days
81	Noncovered days
82	Coinsurance Days

CONDITION CODES (FL 18-28)

04	Information only (MA claims to Medicare)
07	Treatment not related to Hospice election
20	Beneficiary requested billing (Demand bills)
21	Billing for Denial (No Pays)
56	Medicare Appropriateness (med. Pred admit>30days QHS)
57	Readmit to SNF (received skilled services within last 30 days)
58	Terminated MA plan did not require hospital stay
38	Semi-private room not available (used with rev. code 0110)
39	Private room medically necessary (used with rev. code 0110)

OCCURRENCE CODES (FL 31-34)

22	Last skilled day (use with status "30"
05	Other accident (MSP alert, Medicare still primary)
50	Assessment Reference Date
55	Date of Death

OCCURRENCE SPAN CODES (FL 35-36)

70	Qualifying Hospital Stay
71	Subsequent Hospital Stay
74	Leave of Absence
77	Provider Liability Days
78	SNF Prior Stay Days
80	Prior Days in SNF (for BOA purposes)

REVENUE CODES (FL 42)

0022	HIPPS Codes
0120	Room & Board
0180	Leave of Absence
0250	Pharmacy
0260	IV Therapy
0270	Medical Supplies
0300	Lab
0320	X-Ray
0420	PT Visits
0424	PT Evals
0430	OT Visits
0434	OT Evals
0440	ST Visits
0444	ST Evals
0636	Vaccine - Serum
0771	Vaccine - Administration
0001	Total Charge

QRM