

Triple Check Checklist – PDPM

Patient Information: Name _____

- Verify beneficiary name (FL 8a)
- MCR Beneficiary (MBI) and/or insurance cards on file
- Beneficiary information matches Medicare Card
- MBI verified (FL 60)
- Birth date verified (FL 10)
- Sex of beneficiary verified (FL 11)

Physician Certification:

- Initial Certification signed and dated by physician
- Cert form clearly defines reasons for skilling
- Estimated length of stay completed on form
- Plan for post SNF care completed on form
- Continued SNF care for same condition(s) as inpatient hospital stay indicated
- 1st Recert signed by physician on or before the 14th day
- 2nd Recert signed by physician on or before the 30th day
- 3rd Recert signed by physician w/in 30 days of prior recert
- Subsequent recerts signed w/in 30 days of prior signature
- Delayed Certification completed, if applicable
- Delayed Certification indicated on UB claim appropriately

MDS/Therapy/Skilled Nursing Review:

- Hospital Transfer form present in file
- Medicare Secondary Payer Questionnaire on file and signed
- Advanced Beneficiary Notice (ABN) on file
- Nursing documentation is completed at least one time per 24 hours. Charting must support therapy and skilled nursing services provided
- Physician orders signed & dated valid for dates of service
- Confirm diagnosis for skilled services and supportive documentation (chart, MDS, therapy notes, plan and logs)
- Confirm admitting diagnosis (FL 69)
- Confirm primary/principle diagnosis (FL67)
- Therapy documentation to include at least:
Signed and dated Physician orders, Therapy Eval and/or re-eval and Therapy Plan of Care
- Therapy minutes/days correct, supported by service logs and matched to the MDS Section O (for discharge only)
- Physician progress notes support skilled services
- MDS Acceptance/ Validation Report verified
- BIMS date completed _____ PHQ-9 date completed _____
- ARD within the assessment schedule window and is Indicated on the UB claim form (FL31-FL34)
- Reason for assessment appropriate? Verified to Modifier on UB Claim form (FL44)
- Correct CMG and HIPPS Code on claim (FL4x)
- IPA assessment(s) present in MDS and on claim with correct ARD(s) and modifiers (HIPPS)

Billing Information: Month/Year _____

- Statement From/ Through Dates on claim correct (FL5-6)
- Statement From/ Through Dates match Medical Record
- Type of Bill (FL4) appropriate for admission date (FL12)
- Admission date (FL12) within 30 day of QHS (FL35)
- Status Code (FL17) Appropriate for Bill Type (FL4)
- Condition codes present (FL18-28)
 - Condition codes appropriate for circumstances
 - SNF readmission code 57 present?
 - Prior span on claim with OC 78 (FL35-36) present
- Verify Occurrence Codes reported: (FL31-34)
 - Part A reflect ARD(s) for R&B Services – Code 50
 - Benefit exhaust date (if applicable) – Code A3
 - Last covered day (if applicable) – Code 22
- Occurrence Span codes present (FL35-36) if applicable
 - QHS of 3 consecutive days – Code 70
 - Prior hospital stay indicated – Code 71
 - Prior SNF stay indicated – Code 78
 - Condition Code 57 present
 - LOA dates indicated – Code 74
 - Service line includes Rev Code 180 (FL4x)
- Verify Value Codes reported (FL39-41)
 - Coinsurance dollars match coins days – Code 09
 - Covered Days match total claim days – Code 80
 - Non-covered Days reported correctly – Code 81
 - Coinsurance Days match dollar amount – Code 82
- Revenue Code 022 (FL42) present with CMG/HIPPS (FL44)
- Room & Board Revenue Code matches room type (FL42)
- Room & Board rate correct (FL44)
- Days reported in service line within statement dates (FL45)
- Therapy Services reported as days, not units (FL46)
- Authorization on file (if required by insurance provider)

Charges, service dates and service units are supported by orders, documentation and diagnosis (FL42-47)

- Pharmacy
- Therapy
- X-Ray
- Oxygen
- Lab
- Medical Supplies
- Other: _____

Signatures:

Date:

Administrator _____

MDS _____

Therapy _____

BOM _____

Nursing _____