

Facility: _____

Billing Month/Year: _____

Attach to this form a list of all the Medicare residents whose claims were reviewed with their names and the dates of services. List the pending claims that are held (requiring further verification or resolution prior to being sent) with the compliance standard not met.

	Compliance Standard	UB-04 Field	Source	Team Member
1	Bill type is correct	4		BOM
2	Dates of Service are correct	6		BOM
3	Patient name, DOB and Medicare # are correct (verify spelling and MBI # with ID card)	8, 10, 60		BOM
4	Admission date is correct	12		BOM
5	Patient Status code is correct	17		BOM
6	Qualifying hospital stay is correct	35		BOM
7	Check Interrupted Stay criteria and if applicable, use span code 74, revenue code 018X	36,42		BOM
8	Verify all other needed condition, occurrence and value codes (30 Day window & return from LOA)	35-36		BOM
9	Covered days, Non-covered days and Co-insurance days correct? (value codes 80,81 & 82)	39-41		BOM
10	Verify attending Physician and NPI	76		BOM
11	Part B claims: Modifiers (KX, 59, CO, CQ) all applied correctly? Documentation to support modifiers verified?	44		BOM, DOR
12	Part B claims: Occurrence codes, dates, total units per therapy discipline match service logs?	31-34, 46		BOM, DOR
13	All MDS' transmitted and accepted to the QIES System with final validation report verified?	31		MDSC
14	Medicare MDS ARD falls within required timeframe?	31		MDSC
15	Field Locator 31 reflects ARD for all MDS' billed with the correct AI code?	31		BOM, MDSC
16	CMGs and HIPPS Codes agree with validation report of Medicare assessments completed?	44		BOM, MDSC
17	If applicable, IPA MDS initiates payment on the ARD with correct CMG and HIPPS code?	44		BOM, MDSC
18	All Ancillary charges are included and correct (pharmacy charges are only for meds used during the dates of services billed)	42-47		BOM, DON, DOR
19	Number of days of therapy match therapy records?	46		BOM, DOR
20	Diagnoses: Principal, Admission, sequencing all correct? Principal diagnosis is acceptable per CMS ICD-10 mapping? Rehabilitation medical and treatment DX present? Documentation present to support all diagnoses? Are diagnoses specific, coded correctly? B20 for AIDS adjustment included, if applicable?	66-69		BOM, DON, DOR, MDSC
21	Physician order to admit to skilled care for Part A beneficiaries is signed and dated?	-		DON
22	Physician Certification/Re-Certifications are complete, signed, dated timely with valid signature and date?	-		ALL
23	Therapy orders and certifications are signed and dated timely with valid signature and date?	-		DOR
24	Is documentation present to support daily skilled services?	-		DON, DOR, MDSC

	Administrator		Date
	DNS		Date
	BOM		Date
	MDS Coordinator		Date
	Rehab		Date

I certify by signing my name that I attended the Triple Check meeting and that all of the above compliance standards were addressed for each patient on the attached list.