

Part A UB-04 Triple Check Form

Resident Name: _____ Facility: _____
 Dates of Service: From _____ Through _____ Billing Month/Year: _____

Place a (☑) check in the first column when the standard is met. (X) for NOT MET

Met	Compliance Standard	UB-04 Field	Potential HIPPS
	A signed order is present to "admit to skilled care" .	-	Physician Order
	Bill type is correct	4	-
	Dates of Service are correct	6	-
	Admission date is correct	12	-
	Qualifying hospital stay is correct	35	-
	All needed condition, occurrence and value codes (30 Day window and return from LOA)?	35-36	-
	RUG & HIPPS Codes agree with Scheduled Medicare/PPS completed?	44	1 st digit 1-5
	Scheduled Medicare/PPS MDS ARDs falls within required timeframe	31	1st digit 1-5
	Field Locator 31 reflects ARD for all MDSs billed?		-
	All MDSs are transmitted to and accepted in QIES System?	31	-
	Short Stay Policy applied?	44	2 nd Digit 7
	Non-therapy RUG (Z0150A) billed prior to earliest Therapy evaluation?	44	2 nd Digit 7
	Therapy RUG (Z0100A) billed from the earliest start of therapy date through discharge?	44	2 nd Digit 7
	COT checkpoints review?	44	2 nd digit D
	COTs completed reflected on bill with appropriate days?	44	2 nd digit D
	EOT completed per RAI for all 3 day periods where no Therapy was provided?	44	2 nd digit 4 or A
	End of Therapy (EOT) initiates Non-Therapy RUG payment the day after last treatment?	44	2 nd digit 4 or A
	ARD of EOT is days 1-3 after last day of therapy treatment?	44	2 nd digit 4 or A
	Resumption of therapy date supported by therapy logs?	44	2 nd digit A
	Was a Start of Therapy MDS complete?	44	2nd digit 2
	Start of Therapy payment initiates on the earliest therapy evaluation date?	44	2nd digit 2
	Significant change MDS RUG initiates payment on the ARD?	44	2 nd digit 1
	Number of days billed for each assessment type are correct	44	All
	Pharmacy charges are only for meds used during the dates of services billed	47	All
	All billable ancillary charges have been applied and appear reasonable	47	All
	All therapy evaluations occurring in month reflected with accurate date between bill dates?	43/44	All
	ST visits recorded correctly?	43/44	All
	OT visits recorded correctly?	43/44	All
	PT visits recorded correctly?	43/44	All
	Diagnoses support services billed	66/69	All
	Diagnoses are specific and appropriately coded	66/69	All
	Rehabilitation medical and treatment DX are present and Correct	66/69	All
	Physician Certification/recert form is completed, signed and dated by Physician	-	All
	Rehabilitation Orders / Plan of Care / updated Plan of Care are signed and dated by the physician	-	All
	If active care is ending, a signed order is present to "discharge from skilled care" . If remaining in facility, is occurrence code 22 present with the last covered date?	-	Physician Order

Administrator _____ Date _____
 DNS _____ Date _____
 BOM _____ Date _____
 MDS Coordinator _____ Date _____
 Rehab _____ Date _____

Harmony Healthcare International (HHI)

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