

## **TRIPLE CHECK VALIDATION FORM**

### Medicare A PDPM

#### **PURPOSE**

All facilities are responsible for submitting complete and accurate claims in accordance with applicable Medicare requirements. The purpose of holding a Triple Check meeting is to ensure that Medicare is billed accurately and in a timely manner. The process requires claims to be reviewed for accuracy by the clinical team, therapy, and the business office prior to transmission.

#### **PROCEDURE AND PROCESS**

The facility is responsible for implementing an effective monthly Triple Check process to verify claims are accurate prior to submission to the FI. The facility will verify each Medicare (Part A and B) claim prior to submission.

#### **RECOMMENDED INDIVIDUALS TO ATTEND**

- Administrator
- DON
- MDS Coordinator
- Therapy Program Manager
- Business Office Manager
- Medical Records

#### **ADMINISTRATOR**

Responsible for ensuring that the meeting takes place monthly and that everyone required to attend is present, on time and prepared.

#### **TRIPLE-CHECK FORM**

The following checklist identifies the areas that need to be verified as accurate on the UB-04 prior to claim submission. Claims should not be submitted until all areas have been verified and signed off as complete and accurate.

**PATIENT NAME** 

 Month/Year 

 Dates of Service 

ITEM/AREA REVIEWED	UB04 FIELD LOCATOR	SOURCE RECORD	STATUS
Beneficiary Name, Medicare #, DOB, eligibility and days remaining verified per CWF	8, 10, 60	BOM to validate, CWF	
Admission date is correct	12	Nursing notes, MDS	
Statement from and through date correct	6	Medical record	
Type of bill and patient code status correct	4, 17	BOM to confirm	
Qualifying hospital stay correct	35	Hospital/medical record	
ARD within assessment scheduled window and indicated on UB04 with appropriate reason for assessment	31-34, 44	MDS, Therapy	
Correct CMG and HIPPS Code on Claim assessment	44	MDS, Medical record, Therapy	
If applicable, IPA assessments present in MDS and on claim with correct ARD(s) and HIPPS	44	MDS, Medical record, Therapy	
Ancillary charges included (pharmacy, laboratory, DME, therapy, radiology)	42-47	Invoice and medical record	
Therapy number of days match therapy records	46	Therapy logs	
Diagnosis - principal, admission, sequencing all correct. Therapy diagnoses are included for each discipline	66-69	MDS, Therapy log, Medical record	
Attending Physician and NPI correct	76	Medical record	
Physician certification is complete, signed and dated timely	—	Medical record	
Physician order to admit to skilled signed/dated	—	Medical record	
Therapy orders and certifications are signed/dated timely	—	Medical record	
Physician orders present and signed to support skilled services	—	Medical record	
Documentation present to support skilled services	—	Medical record	
Verify all MDS assessments listed have been transmitted and accepted	—	Validation report	

**KEY**

✓ or X  
Item Complete

Blank  
Item not Complete

N/A  
Not Applicable

**DATE APPROVED FOR BILLING**

**SIGNATURE OF ATTENDEES:**

Business Office	<input type="text"/>
MDS	<input type="text"/>
Therapy	<input type="text"/>
Additional	<input type="text"/>
	<input type="text"/>