

QUICKCARE

COMPREHENSIVE LONG-TERM CARE SOFTWARE

Part A TRIPLE CHECK PRE-BILLING AUDIT


This review is due monthly before Medicare Part A can be billed

Resident: _____ Month/year: _____ / _____

Provided to Business Office Manager on (date): _____ / _____ / _____

By (Employee Name and Title): _____

Therapy, Billing, Medical Records, MDS, and Social Services will complete as a team. Assignments are indicated. ANY MISSING DATA WILL BE MARKED WITH AN X AND THE DEPARTMENT RESPONSIBLE FOR THOSE ITEMS WILL BE NOTIFIED AND MUST CORRECT before billing can be completed. Billing will file a copy of audit in resident's financial file. (One therapist can check for all therapies.)

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| <p>1. FACE SHEET - BOM</p> <p>_____ Medicare number</p> <p>_____ Diagnosis for skilled service</p> <p>_____ ICD-9 numbers correspond to diagnosis</p> <p>_____ Most current Admission Date</p> <p>_____ Hospital stay dates</p> | <p>6. MDS- DON &/or MDS COOR</p> <p>_____ ARD within window for MDS cycle</p> <p>_____ Reason for Assessment is correct</p> <p>_____ ADLs are supported by medical record</p> <p>_____ Other RUG related MDS items are supported by medical record</p> <p>_____ OMRA/SCSA done as appropriate</p> <p>_____ MDS transmitted and locked</p> |
| <p>2. PHYSICIAN'S ORDERS - DON</p> <p>_____ Skilled Services pursuant to Physician Orders:</p> <p>Initial Orders:</p> <p>PT _____ OT _____ ST _____</p> <p>Complete Clarification Orders:</p> <p>PT _____ OT _____ ST _____</p> <p>_____ Physician Orders Sign/updated q 30 days</p> <p>_____ Order to Discharge off Medicare</p> | <p>7. Denial Notices and Generic Notices - Mktg or Adm (X only if one applies and is missing)</p> <p>_____ Proper notifications at time of admissions</p> <p>_____ Proper Notification of Continued Stay or/Exhaustion Letters</p> <p>_____ Generic Notice issued as required</p> <p>_____ Copy of signed notices on file</p> |
| <p>3. CERT/RE-CERT - DON</p> <p>_____ Present on chart or notebook until D/C</p> <p>_____ Initial Cert within 72 hours of Admit</p> <p>_____ Complete Info/Sign/Date/Timely</p> <p>_____ Recertification on or before day 14</p> <p>_____ Complete Info/Sign/Date/Timely</p> <p>_____ Recertification on or before day 30</p> <p>_____ Complete Info/Sign/Date/Timely</p> <p>_____ Recertifications are complete- skilled, LOS, D/C</p> | <p>8. MISCELLANEOUS – REQUIRED IN EACH FILE</p> <p>_____ Assignment of benefits form - Mktg</p> <p>_____ Medicare Secondary Payor Questionnaire - Mktg</p> <p>_____ PRINT of most recent Common Working File - BOM</p> |
| <p>4. NURSING SKILLED DOCUMENTATION - DON</p> <p>_____ Charting guidelines in the chart</p> <p>_____ Charting done at least one time per 24 hours</p> <p>_____ Relates to skilled service being provided</p> <p>_____ Charting Supports Therapy</p> | <p>9. VERIFY DATA FOR UB92 – see item</p> <p>_____ Verify Admission date for UB92 - BOM</p> <p>_____ Verify Discharge date for UB92 - BOM</p> <p>_____ Confirm Primary Diagnosis - DON</p> <p>_____ Confirm Secondary Diagnosis - DON</p> <p>_____ Qual Stay Dts ckd on CWF - BOM</p> |
| <p>5. THERAPY DOCUMENTATION - BOM & Therapy (compare log to UB92 chgs)</p> <p>Daily treatment notes and therapy minutes are current</p> <p>PT _____ OT _____ ST _____</p> <p>Number of min/units/HCPSC codes are accurate for billing</p> <p>PT _____ OT _____ ST _____</p> <p>Weekly Summaries</p> <p>PT _____ OT _____ ST _____</p> <p>CMS form 700 complete with MD sign/date</p> <p>PT _____ OT _____ ST _____</p> <p>CMS form 701 complete with MD sign/date</p> <p>PT _____ OT _____ ST _____</p> <p>ICD-9 code agrees with treatment log</p> <p>PT _____ OT _____ ST _____</p> | <p>10. END OF MONTH CHECK – See Item</p> <p>_____ Therapy and billing do check of all therapy documentation and what is to be billed to see that it matches – Therapy</p> <p>_____ Triple check form is completed. - BOM</p> <div style="text-align: right;">  </div> |