

# Triple Check Review

## Business Office

Beneficiary Name (make sure it matches name on Medicare card)

Medicare Beneficiary Identification Number

Date of birth

Beneficiary sex

Enrolled in Medicare vs. Medicare Advantage Plan

Available SNF benefit days

Qualifying hospital stay dates correct

Admission date on UB-04 form matches census data

Bill type (FL4) is correct for admission date (FL12) Status Code (FL17) appropriate for bill type (FL4)

Verify diagnosis for skilled care and supportive documentation

Signed copy of Medicare Secondary Payer form

Form for authorization to bill

# Triple Check Review

## MDS Coordinator

MDS agrees to validation report from state

MDS ARD matches UB-04 service dates

Physician Certification signed

Confirm level of care changes and dates

Level of care change match letters

Letters and signed and dated

Medical diagnosis code for coverage

MDS responses supported in electronic medical record

Certification defines reason for skilled treatment

ICD9/ICD10 codes are correct for skilled treatment

Skilled Nursing Facilities

# Triple Check Review

## Rehab **Manager**

Initial Certification present, signed and dated

Physician order includes amount, frequency and duration of treatment

Services provided match diagnosis for hospital stay

Documentation supports medical necessity

PT, OT and SLP days and minutes agree with

MDS entry

RUGs and HIPPS codes correct

Therapy minute type (I, C, G, Co-tx) on MDS

Billed units on UB-04 match therapy log

All therapy diagnosis codes and modifier usage

(KX or 59) correct

Therapy ARD used for data calculations matches MDS

Therapy documentation supports skilled services

Recertifications are signed by physician if necessary

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