

Why Do I Need a Triple Check Process?

Triple Check definition:

- An Internal audit process to ensure billing accuracy, compliance with regulatory guidelines prior to submission of claims to Medicare/ Managed Care Providers for review and payment
- It is a multi-level process requiring a group effort of Inter Disciplinary Team (IDT) members
- Provides a check and balance to the entire admissions process for new Medicare A/ Managed Care residents
- Identifies gaps and successes in communication between departments

Who Should Be Involved in the Triple Check?

- Administrator
- Business Office Manager
- DON/Medical Records
- MDS Coordinator
- Rehabilitation/ Therapy Department

The Triple Check Process-Review

- Therapy services documentation accuracy
- Ensure medical necessity
- Ensure appropriate supporting diagnoses
- Verify minutes/ units reported on service logs are detailed appropriately on the claim
- Medicare Part A: Minutes correspond with RUG designation
- Medicare Part B: Units reported in compliance with regulation
- Verify appropriate modifier usage (KX or 59)
- Physician Order is for Treatment Provided
- Physician Order is Specific to Services Provided
- Therapy Plan of Care signed and dated by Physician
- Ensure MDS assessments completed, submitted, and accepted for current billing cycle
- Ensure UB-04 and MDS match. (diagnosis codes, Assessment Reference Dates, occurrence dates, etc.)

Medicare Compliance/Clinical Eligibility Requirements

- The Beneficiary has a need for, and receives medically necessary skilled care on a daily basis which is provided by or under the direct supervision of skilled nursing or rehabilitation professionals
- These Skilled Services can only be provided in a SNF setting
- Skilled Services ordered and certified by Attending Physician
- The services provided must be for a condition for which the client was treated for during the qualifying hospital stay or that arose while in the SNF for treatment of a condition for which the client was previously treated in the hospital

Verification of Physician Certification/Recertification

- Inaccuracy/incompleteness will cause an automatic denial (no appeal available)
- Initial Certification Signed & Dated by physician/ NP/ PA
- First Recertification signed by the 14th Day by physician/ NP/ PA
- Subsequent Recertification Within 30 Day of the previous signature by Physician, NP, or PA

Download your complimentary Triple Check Checklist today! <http://bit.ly/la-il2016>