

# TRIPLE CHECK CHECKLIST

## Medicare and Managed Care Part B

### Patient Information

Name: \_\_\_\_\_

- Verify beneficiary name (FL 8a)
- Copies of Medicare and insurance cards are on file
- Beneficiary information matches Medicare card
- Medicare number verified (FL 60)
- Birth date verified (FL 10)
- Sex of beneficiary verified (FL 11)

### Physician Certification

Not required for Part B services; however, best practice recommends following Medicare Part A guidelines.

### MDS/Therapy/Skilled Nursing Review

- Medicare secondary payer questionnaire on file and signed and dated for each new start of care for therapy
- Notice of exclusion from Medicare benefits (NEMC) on file
- Nursing documentation must support therapy services – best practice recommends daily nursing documentation supporting therapy Part B skilled services
- Physician has signed AND dated orders for valid dates of service
- Confirm diagnosis for therapy services and supportive documentation (chart, MDS, therapy notes, plan and logs)
- Confirm admitting diagnosis (FL 69)
- Confirm primary/principal medical diagnosis (FL67)
- Confirm treatment diagnoses (FL67)
- Confirm supporting diagnoses (FL67)
- Therapy documentation to include: signed and dated physician orders, therapy eval and/or re-eval and therapy plan of care
- Therapy minutes correct, supported by service logs and matched to the MDS Section O (if applicable)
- MDS acceptance/validation report received, if applicable

### Billing Information

Month/Year: \_\_\_\_\_

- Statement from/through dates on claim correct (FL5-6)
- Statement from/through dates match service logs
- Type of bill (FL4) appropriate for sequence (FL12)
- Status code (FL17) appropriate for bill type (FL4)
- Verify Occurrence Codes reported: (FL31-34)
  - Onset of illness/injury – code 11
  - PT/OT/ST start of care – codes 35, 44 or 45
  - PT/OT/ST plan of care certified – codes 17, 29, 30
- Verify value codes reported (FL39-41)
  - PT visits – code 50
  - OT visits – code 51
  - ST visits – code 52

**\*\*Note: value codes not required by all MACs/FIs\*\***
- Verify referring provider/physician information valid (FL76)
  - Physician NPI
  - Physician last name/first name

Charges, service dates and service units are supported by orders, documentation and diagnosis (FL42-47)

- Durable medical equipment (DME)
- Therapy
- Ostomy
- Urological supplies
- Lab
- Medical supplies
- Other: \_\_\_\_\_

### Signatures

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

MDS: \_\_\_\_\_ Date: \_\_\_\_\_

Therapy: \_\_\_\_\_ Date: \_\_\_\_\_

BOM: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_