

### **Triple Check Process:**

This review is due monthly before Medicare Part A can be billed. Therapy, Billing, Medical Records, MDS, and Social Services should complete as a team. Any missing data identified in this audit should be recorded and tracked, requesting it from the responsible department and obtained before billing can be completed. Billing may also file a copy of audit in resident's financial file. (One therapist can check for all therapies.)

Following is a partial list of the items to be reviewed:

- Medicare number
- Diagnosis for skilled service
- ICD-9 numbers correspond to diagnosis
- Most current Admission Date
- Hospital stay dates
- Physicians Orders for skilled services (IV, PT, OT, ST, etc.)
- Physicians Certification
- Nursing Documentation support Medical Necessity
- Therapy Documentation includes all required areas
- MDS ARD matches UB Service Dates
- MDS Section P: Therapy minutes match the Therapy Services logs.
- MDS Section G is supported in the clinical record.
- Denial notices submitted timely and accurately
- MSP form signed on admission
- Assignment of Benefits form signed on admission
- Admission date accurate on UB
- Discharge date accurate on UB
- Diagnosis codes are most appropriate for Medicare Coverage