## Triple Check

Key:  √ = match/accurate; O = no match/inaccurate; N/A = not applicable

| CATEGORY | Name: | Name: | Name: | Name: | Name: | Name: | Name: | Name: | DATE |
|---|---|---|---|---|---|---|---|---|---|
| **Billing  Verification** | | | | | | | | | |
| **Part A:** | | | | | | | | | |
| HIPPS (RUG) codes match | | | | | | | | | |
| ARD match | | | | | | | | | |
| Days correct each HIPPS | | | | | | | | | |
| Revenue Codes correct | | | | | | | | | |
| Units correct | | | | | | | | | |
| Section O matches therapy logs | | | | | | | | | |
| ADL Score supported | | | | | | | | | |
| MD certification present | | | | | | | | | |
| Orders present | | | | | | | | | |
| IDT members signed Z0400 | | | | | | | | | |
| MDS signed Z0500 | | | | | | | | | |
| Validation MDS Accepted by State | | | | | | | | | |
| Ancillaries/Pharm/Etc. correct | | | | | | | | | |
| **Part B:** | | | | | | | | | |
| CPT Codes match therapy logs | | | | | | | | | |
| Dates of Service match therapy logs | | | | | | | | | |
| Units correct and match logs | | | | | | | | | |
| Modifiers correct | | | | | | | | | |
| POC certified (signed/dated by MD) | | | | | | | | | |
| Orders present | | | | | | | | | |
| Functional Limitation (G codes) present | | | | | | | | | |

| CATEGORY | Name: | Name: | Name: | Name: | Name: | Name: | Name: | Name: | DATE |
|---|---|---|---|---|---|---|---|---|---|
| **Claim Verification** | | | | | | | | | |
| Type of Bill | | | | | | | | | |
| Dates (from/through) | | | | | | | | | |
| Name | | | | | | | | | |
| Address | | | | | | | | | |
| DOB | | | | | | | | | |
| Sex | | | | | | | | | |
| Admit Date | | | | | | | | | |
| Type of Admission | | | | | | | | | |
| Source of Admission | | | | | | | | | |
| Status | | | | | | | | | |
| Condition Codes (if applic) | | | | | | | | | |
| Occurrence Codes | | | | | | | | | |
| Hospital Stay Dates | | | | | | | | | |
| Value Codes | | | | | | | | | |
| Total Charges | | | | | | | | | |
| Payer Source | | | | | | | | | |
| Provider # | | | | | | | | | |
| NPI# | | | | | | | | | |
| Beneficiary Name | | | | | | | | | |
| Beneficiary Medicare # | | | | | | | | | |
| MD NPI/UPIN/Name | | | | | | | | | |
| | | | | | | | | | |