PROPRIETARY STATEMENT

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Please direct all questions to HTS Compliance, who can be reached at:
compliance@htstherapy.com

Facility:			
Date of review:		Payor:	
Review period:		to	

Clean Claim Checklist

Instructions: Enter resident names/HIPPS codes across top row; indicate that items 1-38 are validated by checking the corresponding field; assign follow up

	Patient Name/HIPPS Code														
Business Office															
1. Verify resident name, DOB, sex, NBI # against MCR card and CWF															
2. TOB, Revenue Code, Occurrence Codes, Condition Codes, Value Codes															
3. Verify the qualifying hospital stay; accurate occurrence span															
4. Verify admission/re-admission date; statement period accurate															
5. Verify census days/room and board to UB-04 billed days (review LOA)															
6. Verify benefit days available per Common Working File (CWF)															
7. Check for Medicare Secondary Payer (MSP); Verify co-insurance days															
Executive Director / Administrator															
8. MD completed & signed SNF cert within 72 hours of admission; recert on or before day 14															
9. SNF recertification(s) signed a minimum of every 30 days with brief description for all skilled services, as well as noted estimated time requiring skilled care, along with discharge plans															
10. Verify due date for physician initial (within 30 days of admit) and subsequent visits with progress note review.															
RAI Nurse															
11. Primary reason for skilled stay ICD10CM appropriately represented in MDS I0020B															
12. ICD-10-CM codes are accurate and correctly sequenced on the UB04, primary dx matches facility & coordinates with hospital/rehab dx, any surgical hx relates to primary skilled need															
13. If active HIV/AIDS; ICD10CM B20 listed in field 67A-H															
14. ARDs per each MDS (5-day & optional IPA) accurate to UB-04															
15. HIPPS code(s) accurate to UB-04 and documentation supports each component															
a. PT/OT Payment Group/Surgical Procedure Code															
b. SLP Payment Group															
c. NTA Payment Group															
d. Nursing Payment Group															
16. Number of units on UB-04 corresponds with assessment type															
17. Confirm MDS verified/ signed timely by relevant disciplines															
18. Timely MDS completion *Z0500B date <14 days from ARD A2300*															
19. Timely MDS transmission *Z0500B date < + 14 days*															
20. MDS transmission accepted into QIES per validation reports															
21. Care plan supports MDS, skilled service (teaching, condition changes)															

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DON or Nursing Designee															
22. All physician orders are signed and dated in a timely manner															
23. Verify that physician orders have been obtained and implemented.															
24. Verify daily skilled clinical documentation during the dates of service.															
25. Nursing notes justify skilled need for full duration (skilled nursing, rehab nursing procedures, skilled care planning, teaching, etc.)															
26. Significant change supporting rehab SOC is clear; PLOF documented objectively for therapy goal areas outside of therapy records															
27. Admission assessment is completed within 24 hours of admission															
28. Verify that all appropriate ancillary charges are reflected on UB-04 with appropriate documentation validated in the medical record. (ie. Surgical dressings, prosthetic devices (catheter, colostomy supplies, etc, laboratory, radiology, pharmacy, etc)															
29. Is care plan up to date, reflect skilled nursing management, signed															
Therapy															
30. Rehab supported with weekly justification of medically necessity based on clinical needs full duration															
31. Rehabilitation services are stated on physician orders, and signed/dated appropriately															
32. Physician/NPP signed & dated therapy POC/UPOC forms timely															
33. Primary and treatment diagnoses are present															
34. Timely therapy progress reports are present per payer guidelines															
35. Rehab mins/days accurate MDS for each assessment period compared to therapy logs per payer guidelines (ie. Managed Care).															
36. The total amount of group/concurrent minutes, combined, is < 25% of the total amount of therapy for each discipline (MCR A)															
37. Therapy units/mins/HIPPS/ARD match on UB-04, MDS, & rehab doc															
Medicare Meeting															
38. Interdisciplinary communication at least weekly to confirm daily skilled need based on clinical condition(s), documentation, DC															

Signatures/Credentials	Initials	Signatures/Credentials	Initials