

PDPM SYSTEMS

SEQUENCE OF EVENTS FOR MEDICARE PART A ADMISSIONS

Quick Reference

<i>Purpose: To efficiently track all Medicare Part A admissions from pre-admission through Medicare billing.</i>	
1.	Admission Coordinator and/or Nursing collect pre-admission information from the admitting facility via telephone and/or on-site visit. Use PDPM Pre-admission form.
2.	All anticipated Medicare Part A admissions are discussed at the daily case management meetings.
3.	The Admission Coordinator notifies the nursing department upon the arrival of the resident to the facility.
4.	Admission nurse, along with MDSC, will evaluate the resident's orders.
5.	The Admission nurse/MDSC will be responsible to identify skilled services and complete the Preliminary Nursing Assessment after assessing the resident with baseline care plan.
6.	MDSC to identify all diagnosis and begin investigation into additional diagnosis, co-morbidities, and Surgical procedures. MDSC to open 5-day MDS immediately.
7.	PDPM Huddle Review of new admission; initial discussion on primary reason for admission.
8.	PDPM Huddle final review of MDS for completeness and accuracy prior to submission. Collaborate with therapy to ensure GG coding is supported. Coordination of care plan and discharge plan.
9.	Weekly Medicare Meeting
10.	PDPM Huddle; Review for IPA trigger, therapy threshold review
11.	Discharge Planning coordination
12.	PDPM Triple Check: QA review prior to billing.

PRE-ADMISSION SCREENING

Intake By: _____	Admit Team Review: _____ Admin. _____ Rehab _____ MDS CM: _____ DON: _____ Admissions: _____	Admit: _____ Decline: _____ Admit Date: _____ Time: _____ Room: _____
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Today's Date: _____ Date Adm. Requested: _____

Patient Information

Last	First	Sex	Marital Status _____ DOB _____
Address			Code Status: ___ Full ___ DNR ___ Adv. Dir. _____
City	State	Zip	Referring Physicians Name _____ Phone # _____
Re-Admission: <input type="checkbox"/> Yes <input type="checkbox"/> No			Physician to follow _____ Phone # _____
Referred by: _____			Transport Mode: _____ W/C _____ Stretcher _____ Private Car _____ Other Prior Admit: ___ Yes ___ No Chart # _____
Discharge Planners: _____			
Phone Number: _____ Ext. _____			
Mobile _____			
Location of Patient: _____			
Verified Hospital Admission Date: _____			
SNF Days Available: _____			

Name of Nearest Relative	Relationship	Address	Phone Number
1. _____			

PRIMARY INSURANCE INFORMATION	SECONDARY INSURANCE INFORMATION
Primary Payment Source: _____	Secondary Payment Source: _____
MCO#: _____	I.D. Number _____
I.D. Number _____	Medicare Number (MBI) _____
MBI Number _____	Case Manager _____
Case Manager _____	Phone # _____ Fax # _____
Phone # _____ Fax # _____	
Authorization: _____	

Primary Reason for Admission:

Social History (Previous Living Arrangement)

Family Involvement Low _____ Who? _____ Not Involved _____

Hx of ETOH/DRUG-IV Abuse

Discharge Plan/Potential:

_____ Intake completed by Admissions Coordinator via phone, Signature: _____

_____ MDS Hospital Data confirmed verbally by Admissions coordinator, with anticipated Discharge Summary from hospital

_____ Hospital Data confirmed by onsite visit, Signature: _____

PRE-ADMISSION SCREENING – Resident characteristics/Diagnosis	
DIAGNOSIS	YES
Hospital reason for Admission:	
Other Diagnosis Available: List:	
• CVA/TIA/Stroke	
• Diabetes	
• Traumatic Brain Injury	
• ALS	
• Respiratory Failure	
• Oral Cancers	
• MDRO	
• Asthma/COPD/Chronic Lung disease	
• MS	
• Cerebral Palsy	
• Pneumonia	
• HIV/AIDS	
• Morbid Obesity	
• Cirrhosis of the Liver	
• Septicemia	
• Parkinson's	
• Inflammatory Bowel Disease	
• Other	
Surgical Procedures:	
EXTENSIVE	YES
1. Tracheostomy Care	
2. Ventilator/Respirator Treatment	
3. Isolation/Quarantine for active infectious disease	

PRE-ADMISSION SCREENING – Resident characteristics/Diagnosis	
SPECIAL CARE HIGH	YES
1. Coma	
2. Quadriplegia	
3. Vomiting	
4. Respiratory Therapy	
5. Parenteral/IV Feedings	
Purpose for Nutrition/Hydration? Yes/No	
SPECIAL CARE LOW	YES
1. Tube feeding	
2. Pressure ulcer Stage 4 or 3	
3. Other Pressure Ulcers	
4. Venous/Arterial Ulcers	
5. Foot infection/diabetic foot ulcer/open lesions	
6. Radiation Treatments	
7.. Dialysis	
CLINICALLY COMPLEX	YES
1. Surgical wounds or open lesions	
2. Burns	
3. Chemotherapy	
4. IV medications	
5. Oxygen	
6. Transfusions	
SLP or NTA QUALIFIERS	YES
1. Aphasia	
2. Hemiplegia	
3. Mechanically Altered Diet	
4. Swallowing Disorder	
5. Ostomy	
6. Wound Infection	
7. Intermittent Catherization	
8. Suctioning	
9. Malnutrition	

Other Pertinent Information:

PDPM Huddle Check List for 5-day MDS Accuracy or Trigger for IPA		
Resident:	Admit Date:	
5-day MDS ARD:	HIPPS:	
Change in Condition: Triggers IPA? Yes/No IPA ARD:		
Discharge/Meets Interrupted Stay upon readmit: Trigger IPA Yes/No		
SKILLED SERVICES IDENTIFIED and DOCUMENTATION	YES	IPA Check
Skilled Services documented		
DIAGNOSES – ICD-10 Mapping. MDS MATCHES Medical Diagnosis List	YES/Coded	IPA Check
Primary Reason for Admission:		
CVA/TIA/Stroke		
Diabetes		
Pneumonia		
Traumatic Brain Injury		
Aphasia		
ALS		
Oral Cancers		
MDRO		
Inflammatory Bowel Disease (NTA)		
HIV/AIDS		
Morbid Obesity		
Cirrhosis of the Liver		
Speech/Language Deficits		
Other		
FUNCTION SCORE	Change/Impact?	IPA Check
Coding on MDS is supported and explained in Medical Record for 5-day MDS/End of stay		
Review of daily documentation Nursing and Therapy – no change in Function Score to trigger an IPA See Function Score Sheet for detail if indicated		
Therapy Minutes: Total Minutes for last 7 days	YES/Coded	IPA Check
Group Minutes within threshold for PT		
Group Minutes within threshold for OT		
Group Minutes within threshold for ST		
Concurrent Minutes within threshold for PT		
Concurrent Minutes within threshold for OT		
Concurrent Minutes within threshold for ST		
Treatment Diagnosis:		
BIMS and MOOD INTERVIEWS	YES/Coded	IPA Check
<i>BIMS INTERVIEW completed/staff observations supported</i>		
<i>MOOD INTERVIEW completed/Staff Observations supported</i>		
EXTENSIVE	YES/Coded	IPA Check
1. Tracheostomy Care while a resident (NTA)		
2. Ventilator/Respirator Treatment while a resident (NTA)		
3. Isolation/Quarantine for active infectious disease while a resident (NTA)		

SPECIAL CARE HIGH	YES/Coded	IPA Check
1. Coma/GG Coding		
2. Septicemia		
3. Diabetes with daily injections and Insulin order changes (NTA)		
4. Quadriplegia with Nursing Function Score <=11		
5. COPD and shortness of breath when lying flat (NTA)		
6. Fever w/ pneumonia or vomiting or weight loss or tube feeding		
7. Parenteral/IV Feedings (while a resident or at admission last 7 days) (NTA)		
8. Respiratory Therapy – daily over the last 7 days or since admission if less than 7 days in the facility.		
SPECIAL CARE LOW	YES/Coded	IPA Check
1. Cerebral Palsy with Nursing Function Score <=11		
2. Multiple Sclerosis with Nursing Function Score <=11 (NTA)		
3. Parkinson’s disease with Nursing Function Score <=11		
4. Respiratory Failure (I6300) with oxygen therapy while a resident		
5. Tube feeding (NTA)		
6. Two or more Stage 2 pressure ulcers with two or more treatments		
7. A Stage 3 or 4 (NTA) pressure ulcer with two or more treatments		
8. 2+Venous/Arterial ulcers with two or more treatments		
9. 1 stage 2 and 1 Venous/Arterial with two or more treatments		
10. Foot infection/diabetic foot ulcer/open lesions (NTA)		
11. Radiation Treatments while a resident (NTA)		
12. Dialysis while a resident		
CLINICALLY COMPLEX	YES/Coded	IPA Check
1. Pneumonia		
2. Hemiplegia with Nursing Function Score <=11		
3. Surgical wounds or open lesions with one of the following; wound care or skin treatments		
4. Burns		
5. Chemotherapy while a resident		
6. IV medications while a resident (NTA)		
7. Oxygen while a resident		
8. Transfusions while a resident (NTA)		
BEHAVIORS	YES/Coded	IPA Check
Behavior Qualifiers accurate		
ADDITIONAL NTA	YES/Coded	IPA Check
1. Wound Infection I2500		
2. Intermittent Catherization		
3. Colostomy		
SLP	YES/Coded	IPA Check
1. Mechanically Altered Diet		
2. Swallowing Disorder		
3. Respiratory Arrest		
Section J Surgical Procedures	YES/Coded	IPA Check
1. Surgical Procedures coded and documentation supports		

Discharge Plan:
Notes:

Estimated LCD:

MDSC Signature:

WEEKLY MEDICARE MEETING

DATE: _____

ATTENDEES SIGNATURES

Adm: _____

DON: _____

MDS Coord: _____

Bookkeeper: _____

Rehab Director: _____

Medicare Coordinator/SS: _____

Other: _____

Other: _____

1. Review Each Medicare Part A Beneficiary (attached)
2. Review Each Medicare Part B Beneficiary (attached):
3. Status of Part A Certs/Recerts: Concerns and Action:

4. New Admissions/Readmissions within 30 days:

5. Beneficiary Notice(s): Name/expected LCD:

6. Authorizations Managed
Care:

7. Discharges within next week:

8. Review Patients Discharged from Part A within last 30 days who remain in facility:

9. Review Status of ADRs and Appeals:

10. Review any new memo's, bulletins, newsletters, etc. r/t Medicare:

Weekly Medicare Review - Part A

Resident Name:

Date of Review:

Admit Date	Benefit Day	Variable Rate Day	5 Day HIPPS Mod	IPA triggered?	IPA ARD	Certification Compliance	Last Covered day	Discharge Date

Diagnoses on MDS

Primary Reason for Adm.	_____	Other	_____
Treatment Diag	_____	Other	_____
Other Diag	_____	Other	_____

Current Status & Problem List

Medical/Medication
Nutritional
Functional
Cognitive/mood/psy chosocial:

Skilled Nursing Services:

Function Score Coding check
Management & Evaluation of Patient Care Plan:
Observation & Assessment of Patient's Condition:
Teaching & Training Activities:
Direct Skilled Nursing Services:
Restorative:

Skilled Therapy Services

Minutes within Thresholds?		
PT	OT	ST
Reason for continued Rx:	Reason for continued Rx:	Reason for continued Rx:
Goal:	Goal:	Goal:
Duration:	Duration:	Duration:

Discharge Plan

Destination:	Home Eval:	IEP:
Time Frame:	Rest Nsg Prog Post Part A:	

MEDICARE PART A UB-04 TRIPLE CHECK

(Claim Sequence: I= Initial claim, O=ongoing claim, D=Discharge claim)

Resident Name: _____ Admit Date: _____ Date Completed: _____ Discharge Date: _____

Correct Yes/No	Items/Areas Reviewed	By	Source Record	UB04 Locator #	Claim	Required Action/ Person Responsible	Done Yes/No
1	Resident's NAME and health insurance, MBI NUMBER match HETS, Medicare Card, DOB, CO-INSURANCE DAYS verified.	MC/ BOM	Common Working File (CWF)(HETS)	8, 60, 10, 40	I		
2	Medicare Secondary Payer questions asked/form completed	BOM	Admission Folder	52	I		
3	Assignment of Benefits signed and dated	BOM	Admission Folder	53	I		
4	Type of Bill correct – start through end of care -211, first claim - 212, continuing claim - 213, discharge claim – 214	BOM	UB04	4	I, O, D		
5	DATES OF SERVICE correct - From and through dates on UB-04 are correct	MC	Nurses Notes	6	I		
6	Correct ADMISSION date	MC	Chart	12	I		
7	Correct hospital QUALIFYING STAY dates-verified by hospital medical records department (If qualifying stay is more than 30 days from admit date, condition code 57 is present and 30-day transfer requirement is met)	MC	Hospital notes, HPN	35	I, O, D		
8	Accurate Census Days (covered days (value code 80) LOA/non covered days (value code 81) are present and match room and board days, rev code 110, 120 or 180)	BOM	Census Report	6, 44	I, O, D		
9	Co-insurance Days (value code 82) and co-insurance amount (value code 09) correct per HETS	BOM	UB04	39, 40 or 41	I, O, D		
10	Accurate PATIENT STATUS (01, 02, 04, 06, 07, 20, 30, 51, 70, etc.)	BOM	Medical Record/UB04	17	I, O, D		
11	If skilled care ending, occurrence code 22 present with last covered day. (order to discharge from skilled care present)	BOM	UB04	31	D		
12	If applicable, correct SNF notices (SNFABN/NOMNC) issued (if patient status is 01, 04, 22, 06 due to skilled level of care no longer required, form(s) must be timely).	BOM	Medical Record		D		
13	Physician Certification/Re-Certification (signed, dated and have skilled services listed, estimated length of stay, post SNF discharge plan, does stay relate to acute care stay)	MC	Medical Record		I, O, D		
14	MDS (signed as completed by an RN)	MDSC	MDS		I, O, D		
	Type 5 day or IPA						
	ARD (within window for MDS) (Occurrence code 50 with ARD in FL 31–34 on UB04)	MDSC	MDS	31-34	I, O, D		
	ADL Section G and GG (supported by medical record)	MDSC	MDS		I, O, D		
	NTA component supported by medical record	MDSC	MDS		I, O, D		
	SLP co-morbidities supported by the Medical Record	MDSC	MDS		I, O, D		
	Nursing component Case mix (supported by Medical record)	MDSC	MDS		I, O, D		
	PDPM Billing days, Interrupted stay days verified (days match covered days value code 80 and rev code 120/110 units, IPA days match value code 81 and rev code 180 UB-04 FL# 46)	MDSC	MDS	39,40 or 41	I, O, D		
	Diagnosis coding in section I is reflected on the claim						
	Concurrent and group minute ratio not over 25% on discharge						
	Transmitted to CMS Repository	MDSC	Validation report		I, O, D		
15	Daily skilled documentation per policy and procedure	MDSC	Medical Record		I, O, D		
16	Physician orders, telephone orders signed, dated, and orders support covered skilled service.	MDSC	Medical Record		I, O, D		
17	Ancillary Charges: PHARMACY (rev code 250, Med Supplies (rev code 270), Laboratory (rev code 300) and Radiology (rev code 320) charges compared to invoice and chart	MC/ BOM	Phys Order/ Pharmacy invoice	42, 46, 47	I, O, D		
18	PT, OT, SLP order, evaluation, treatment orders, progress notes, start/end dates, Dx, minutes match MDS and claim. Therapy is reflected as days not units on UB-04	MC	Medical Record, Therapy Logs	42-47	I, O, D		
19	Principal Diagnosis code is accurate for this benefit period and supports the need for skilled services. MDS Section I0020B (authorized within last 60 days) (compare from chart not from face sheet)	MC/ BOM	Medical Record	67-1 st listed	I, O, D		
20	Admission Diagnosis is accurate for this benefit period. (authorized within last 60 days)	BOM	UB04	67A-Q			
21	Therapy Treatment Diagnosis codes and other supporting diagnoses including SLP and NTA Comorbidities are on claim (obtain from therapy documentation and medical record) (Section I and I8000)	MC	Medical Record	66; A-Q	I, O, D		
22	Verifying physician name and NPI	MC/ BOM	Face Sheet/Chart	76	I		

BOM _____ MDSC _____ MRD _____ Rehab Dir _____ DON _____

*Approved for Transmission: Administrator _____ Date: _____

MEDICARE PART A CHECKLIST

<p>Basic Information:</p> <p><input type="checkbox"/> Resident Name matches MBI, Medical record, MDS</p> <p><input type="checkbox"/> DOB, Gender correct</p> <p><input type="checkbox"/> Medicare Secondary Payer questions asked</p> <p><input type="checkbox"/> Assignment of Benefits signed and dated</p>	<p>MDS:</p> <p><input type="checkbox"/> Signed as completed by RN within 14 days of ARD</p> <p><input type="checkbox"/> ADL section G and GG supported by medical record</p> <p><input type="checkbox"/> Nursing component Case Mix supported by medical record</p> <p><input type="checkbox"/> NTA component supported by medical record</p> <p><input type="checkbox"/> SLP co morbidities supported by medical record</p> <p><input type="checkbox"/> Completed within ARD window</p> <p><input type="checkbox"/> Medicare start and end dates correct</p> <p><input type="checkbox"/> Therapy information correct</p>
<p>Date Information:</p> <p><input type="checkbox"/> Dates of service correct</p> <p><input type="checkbox"/> Admission Date</p> <p><input type="checkbox"/> Hospital stay dates</p> <p><input type="checkbox"/> Discharge Date</p> <p><input type="checkbox"/> Dropped LOC date</p>	<p>Therapy:</p> <p><input type="checkbox"/> Therapy minutes accurate (match MDS)</p> <p style="padding-left: 20px;"><input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP</p> <p><input type="checkbox"/> Evaluation complete signed by phys, credentialed by therapist</p> <p style="padding-left: 20px;"><input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP</p> <p><input type="checkbox"/> Weekly Summaries/progress towards goals</p> <p style="padding-left: 20px;"><input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP</p> <p><input type="checkbox"/> Group and Concurrent minutes are not more than 25% if total therapy minutes</p>
<p>Physician's Orders:</p> <p><input type="checkbox"/> Phys order for skilled services</p> <p><input type="checkbox"/> Phys telephone orders, signed, dated</p> <p><input type="checkbox"/> Therapy Treatment Orders</p> <p style="padding-left: 20px;"><input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP</p> <p><input type="checkbox"/> Clarification orders</p> <p style="padding-left: 20px;"><input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP</p>	<p>Diagnosis:</p> <p><input type="checkbox"/> Principal Diagnosis accurate for this benefit period (MDS section I0020B)</p> <p><input type="checkbox"/> Admission Diagnosis accurate (MDS section I – I8000)</p> <p><input type="checkbox"/> Therapy treatment diagnosis accurate (MDS Section I and I8000)</p> <p><input type="checkbox"/> Supporting diagnosis reported (MDS Section I and I8000)</p>
<p>Physicians Certification:</p> <p><input type="checkbox"/> Initial cert signed timely</p> <p><input type="checkbox"/> Complete/signed/dated</p> <p><input type="checkbox"/> Recertification on or before day 14 (signed, dated)</p> <p><input type="checkbox"/> Recertification on or before day 30, 60, 90 (from last signature date) (signed, dated)</p> <p><input type="checkbox"/> Certs include skilled services, estimated length of stay, post SNF discharge plan</p>	<p>Ancillary:</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> X-Ray</p> <p><input type="checkbox"/> Medical Supplies</p> <p><input type="checkbox"/> Pharmacy</p> <p>Compare invoices, to orders to medical record</p>
<p>SNF Notices:</p> <p><input type="checkbox"/> SNFABN issued if resident d/c skilled care and remains in facility</p> <p><input type="checkbox"/> NOMNC issued timely</p> <p><input type="checkbox"/> DENC issued timely (issued only if patient appeals)</p> <p><input type="checkbox"/> Notices signed and dated by resident or responsible party (if not is notice annotated correctly)</p>	<p>UB04 Data:</p> <p><input type="checkbox"/> Type of Bill Correct</p> <p><input type="checkbox"/> Patient Status Correct</p> <p><input type="checkbox"/> Authorization included (if needed)</p> <p><input type="checkbox"/> Correct Revenue Code</p> <p><input type="checkbox"/> Co-insurance days reported correctly</p> <p><input type="checkbox"/> Covered days correct</p> <p><input type="checkbox"/> SNF readmission coded correctly</p> <p><input type="checkbox"/> Therapy reported as days on UB04</p> <p><input type="checkbox"/> Principal Diagnosis Field 67 correct</p> <p><input type="checkbox"/> Admission Diagnosis Field 69 correct</p> <p><input type="checkbox"/> Supporting diagnosis Field 67A-Q relevant to claim</p>
<p>Nursing Documentation:</p> <p><input type="checkbox"/> Daily skilled documentation per policy</p> <p><input type="checkbox"/> Skilled documentation relates to skilled services performed</p> <p><input type="checkbox"/> Skilled Documentation supports therapy, section GG of MDS</p>	