

## MDS Alert

### Clip & Save ~ Nursing To Billing: Keep Claims Straight With This Form

#### **A communication tool helps prevent billing snafus.**

Follow these steps to report key information, including HIPPS codes, to the billing staff, suggests **Joanne McCarthy, MJ, LNHA**, manager, healthcare, **RSM McGladrey Inc.** in Chicago, who has provided the form below.

**1. Assign a member of the nursing team** (MDS coordinator or designee, for example) to accurately complete the "nursing to billing" communication form.

**2. Determine the Medicare Part A beneficiaries** each month who received Part A services.

**3. Complete a sheet for each beneficiary** who received Part A services in the month:

a. Make sure that the name on the form is the same as the name on the person's Medicare card, if available.

b. Note which month the information covers.

c. Make sure that the admission date is the date for the period of care.

d. Report a new three-day qualifying stay if the resident was admitted to the hospital for three midnights. If he was in the hospital for only two midnights, report the original qualifying stay.

e. Check to make sure the Medicare number is correct.

f. Report if the resident continued on Medicare through the next month or if the resident was discharged. Report the **last covered day** (not the day of discharge).

g. Report Health Insurance PPS (HIPPS) as opposed to Medicare assessment codes (they may be different in some cases).

h. Report all relevant diagnosis codes including the ICD-9 codes for that month.

i. Include the signature of the person completing the form.

**4. Collect all the completed forms for the month** and submit to the biller according to the time frame designated by the facility.

