

MDS Alert

Medicare Billing Tip: Look For These Key Clues That A Resident's RUG Should End In L Or X

This simple review of your UB-92s can save you beaucoup dollars.

Better late than never, they say. That's especially true in ensuring your facility receives every dollar it's due under the new RUG-53 system.

So before you send those bills out the door, check to see if a resident in a rehab RUG may have qualified for rehab plus extensive services.

Here's what to do: Look at UB-92s that show hospitalizations of two weeks or less, suggests consultant **Marc Zimmet, MBA**. Next look for diagnosis codes on the UB-92 typically associated with IV meds or fluids--for example, UTI, pneumonia or dehydration, advises Zimmet, director of reimbursement services for **Zimmet Healthcare Services Group LLC**, in Morganville, NJ.

"If you have one of those diagnosis codes and a rehab RUG that isn't one of the Xs or Ls [rehab plus extensive services], the staff has probably omitted a hospital IV (fluids or med)," he says.

On the other hand, "if the patient had a month-long hospitalization and the only diagnosis is a fracture or even a stroke, typically we won't investigate further for that missing IV or IV med," Zimmet adds.

"But when there's a diagnosis of pneumonia and no IV captured and the facility is getting RMB [as an example] ... we look into it."