

<b>FACILITY</b>		<b>MONTH</b>	
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# BILLING WORKSHEET

<b>Resident Name</b>	<b>Admit Date</b>	<b>Initial MCR Assessment ARD</b>	<b>HIPPS Code</b>	<b>Qual Stay Dates</b>	<b>Medicare #</b> <b>2<sup>nd</sup> Insurance</b> <b>Additional Insurance</b> <b>Other:</b>
<b>Interim Payment Assessment (IPA)</b> Yes No N/A  If yes, IPA ARD _____		<i>An optional Interim Payment Assessment (IPA) may be completed whenever the condition has changed, or a new diagnosis is identified that will affect payment or care delivery. If a Significant Change in Status, must still complete the OBRA SCSA if meets OBRA SCSA criteria listed in RAI Manual, even if facility chooses not to complete IPA.</i>			<b>PPS Discharge Date</b> _____ <input type="checkbox"/> Home or ALF <input type="checkbox"/> Remained in facility <input type="checkbox"/> Hospital <input type="checkbox"/> Expired <input type="checkbox"/> Transferred to other SNF
<b>If re-admitted, is this a "Not Interrupted Stay" and considered new PDPM admission with new 5-Day?</b> Yes No N/A <b>If yes,</b> Re-Admit Date _____ New 5-Day ARD _____		<i><b>Not Interrupted Stay</b> = Discharged but returned after the 3 day interruption window. When "not interrupted", it is considered a new stay for the purposes of PDPM. Both the assessment schedule and variable per diem are re-set. <b>Interrupted Stay</b> = Returned to same SNF within 3 days and has no effect on assessment schedule or variable rate.</i>			<b>Reason for Discharge</b> <input type="checkbox"/> No longer meets skilled criteria <input type="checkbox"/> Exhausted benefits <input type="checkbox"/> Requested end of PPS services <input type="checkbox"/> Other <b>Beneficiary Notice delivered? Y N</b>

SNF Certifications	Requirements	Date Signed	Therapy PoC Certifications	Date Signed
SNF Cert – Initial	At time of admission		Within 30 days of initial therapy treatment	
SNF Cert – 1 <sup>st</sup> Recert	On or before day 14		At least every 90 days after initiation of Tx	
SNF Cert – 2 <sup>nd</sup> Recert	On or before 30 Days of previous recert		With every significant modification of PoC	
SNF Cert – 3 <sup>rd</sup> Recert	On or before 30 Days of previous recert		<i>Therapy Certification may be a signed order or signed PoC.</i>	

PDPM Diagnoses	ICD-10 Code	Notes
<b>Primary Diagnosis in I0020B</b>		
Diagnosis listed in I8000A		
Diagnosis listed in I8000B		
Diagnosis listed in I8000C		
Diagnosis listed in I8000D		
Diagnosis listed in I8000E		
Diagnosis listed in I8000F		
Diagnosis listed in I8000G		
Diagnosis listed in I8000H		
Diagnosis listed in I8000I		
Diagnosis listed in I8000J		

**All MDS Diagnoses must meet this 2-Step Process to code on the MDS and to contribute to PDPM.**

- Diagnosis Identification:** Documented in last 60 days by physician or specific tests, procedures documented to validate dx.
- Determine if Active:** 7-Day Look-back: Direct relationship to current status (functional, cognitive, mood, behavior, treatment, monitoring, risk of death). *UTI is 30-day lookback.*

I0020B PRIMARY DX CODE	CODE DESCRIPTION	DX Identification	DX Active	CLINICAL CATEGORY
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ADDITIONAL ICD-10 CODES	CODE DESCRIPTION	DX Identification	DX Active	INDICATE WHERE CODED ON MDS
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