



Detroit Wayne Mental Health Authority

640 Temple, 8th floor Detroit, MI48201-2558

Phone: (313)833-2500

www.dwmha.com

FAX: (313)833-2156

TDD:(800)630-1044RR/TDD:(888)339-5588

Bulletin Number: 15-006

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Subject: Omnibus Budget Reconciliation Act Services of 1987 (OBRA) in Specialized Nursing Homes

Provision of Service Affected: PASRR
Pre-Admission Screening (PAS)
Annual Resident Review (RR)

Approved codes: T2011 (PAS –Pre-Admission Screening Level II Evaluation)
99318 (RR – Annual Level II Evaluation)

Guidance Usage: This Bulletin is for Neighborhood Services Organization only. No other providers are to provide this service.

Background:

Its primary function has been to assure the implementation of those provisions of OBRA which address the relationship of nursing facilities to persons who are seriously mentally ill (MI) or have an intellectual/developmental disability (I/DD) or are seriously mentally ill and have an intellectual/developmental disability (MI/ I/DD). All services are face-to-face with consumer.

For Michigan PASRR purposes, individuals requiring a Pre-Admission Screening Level II Evaluation meet the criteria for seriously mentally ill if one of the following two (2) situations exists:

- 1) The individual is considered to have a serious mental illness (SMI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness: a) The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders. b) Not a primary diagnosis of Dementia, including Alzheimer's

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disease or a related disorder, or a non –primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined above **OR** within the last year, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services from CMHSP or another qualified mental health professionals were required in order for the consumer to maintain functioning in the current placement.

- 2) The individual's assessment is as having another psychiatric diagnosis, other than the above, and the OBRA Coordinator has determined the acuity is such that the individual may benefit from professional mental health services as provided by the CMHSP.

Definition:

The preadmission screening/annual resident review (PASRR) is a requirement by OBRA. Under the PASRR program, all persons seeking admission to a nursing facility who are seriously mentally ill or have an intellectual/developmental disability are required to have an evaluation. The evaluation is to determine whether the nursing facility is the most appropriate place for them to receive services. The evaluation will determine whether they require specialized behavioral health services.

Persons residing in a nursing facility who are seriously mentally ill or have an intellectual/developmental disability are required to undergo a similar review when or if one (1) of the following occurs:

- 1) Annually
- 2) When there is a significant change in condition to determine whether they continue to require the services of a nursing facility
- 3) Whether they require specialized services

The completion of the Pre-Admission Screening (PAS) Level II Evaluation when there is a request or referral resulting from the Level I Evaluation. The completion of the Annual Review (RR) Level II Evaluation when there is a request for continued stay in the nursing home or skilled nursing facility after one year.

Evaluations must meet the following Federal criteria:

For each applicant for admission to a nursing facility and/or skilled nursing facility and each nursing facility consumer who has a *serious* mental illness or intellectual disability/developmental disability, the evaluator must assess whether:

- The consumer's total needs are such they can be in an appropriate community setting.
- The consumer's total needs are such they can be only in an inpatient basis, which may include the option of placement in a home and community-based waiver program, but for which the inpatient care would be required.

- If inpatient care is appropriate and desired, the nursing facility is an appropriate institutional setting for meeting those needs.
- If another setting, such as Intermediate Care Facility for the Intellectual disability (ICF/MR), including small, community-based facilities, an Institution for Mental Disease (IMD) providing services to consumers aged 65 or older, or a psychiatric hospital is an appropriate institutional setting for meeting these needs.

For additional information, please submit your questions to procedure.coding@dwmha.com

Attachment: Michigan Department of Health & Human Services Pre-Admission Screening (PAS) / Annual Resident Review (RR), revised 5/2015
Michigan Department of Health & Human Services Mental Illness/Intellectual Disability/Related Condition Exemption Criteria Certification, revised 5/2015
Michigan Department of Health & Human Services OBRA Manual, Chapter 3, Level II Process (2012-2013)

References: CMS, Subpart C – Preadmission Screening and Annual Review 483.100,
Michigan Medicaid Provider Manual, January 2016, CPT Manual 2016,
HCPCS Manual 2016

Encounter Code to Record the Service	Place of Service Code	Billable Time	Description of Service	Who Delivered the Service
<p>Level II Evaluation for Pre-Admission Screening (PAS)</p> <p>T2011 ID –for members that are I/DD</p> <p>T2011 MI –for members that are MI</p> <p>T2011 MI ID –for members that are MI/I/DD</p> <p>**Use IC Modifier for Partial Assessment</p>	<p>Use POS code for those members currently in:</p> <p>21 – Hospital</p> <p>*other POS may be also be used</p>	<p>Encounter= Completed Evaluation</p> <p>*Must be face/face</p>	<p>Preadmission Screening (PASRR) Level II Evaluation</p> <p>**The use of the code and modifiers when submitting the claim/encounter for the Level II PAS Evaluation. All other submissions will be rejected/denied.</p>	<p>See attached Chart for Provider Qualifications and Responsibilities***</p>
<p>Level II Evaluation for Annual Review (RR)</p> <p>99318 ID members that are I/DD</p> <p>99318 MI members that are MI</p> <p>99318 MI ID members that are MI/I/DD</p> <p>**Use IC Modifier for Partial Assessment</p>	<p>Use POS code for those members currently in:</p> <p>31 – Skilled Nursing Facility</p> <p>32 – Nursing Facility</p>	<p>Encounter= Completed Evaluation</p> <p>*Must be face/face</p> <p>Rule: Do not report 99318 on the same date of service as nursing facility service codes 99304-99316</p>	<p>Evaluation and management of patient involving an annual nursing facility assessment, which requires these (3) key components:</p> <ol style="list-style-type: none"> 1. Detailed interval history 2. A comprehensive examination 3. Medical decision making that is of low to moderate complexity <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the patient is stable, recovering, or improving.</p> <p>**The use of the code and modifiers when submitting the claim/encounter for the Level II RR Evaluation. All other submissions will be rejected/denied.</p>	<p>Physician (MD or DO), Licensed Physician’s Assistant, Nurse Practitioner, Registered Nurse or Licensed Practical Nurse assisting a physician. **The Annual Review must be signed by a Physician (MD or DO)**</p>

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- Attachment: Michigan Department of Health & Human Services Pre-Admission Screening (PAS) / Annual Resident Review (RR), revised 5/2015
 Michigan Department of Health & Human Services Mental Illness/Intellectual Disability/Related Condition Exemption Criteria Certification (Form 3878), revised 5/2015
 Michigan Department of Health & Human Services OBRA Manual, Chapter 3, Level II Process (2012-2013)
 Michigan Department of Health & Human Services OBRA Level II Assessment Form (2012-2013)
- References: CMS, Subpart C – Preadmission Screening and Annual Review 483.100, Michigan Medicaid Provider Manual, January 2016, CPT Manual 2016, HCPCS Manual 2016

PASRR LEVEL II EVALUATION for PAS and/or RR STAFF QUALIFICATIONS / RESPONSIBILITIES

Element	Professional Qualifications
Psychosocial Assessment	<ul style="list-style-type: none"> • Temporary (TLLP), Limited (LLP), or Fully Licensed Psychologist (LP) Licensed Master Social Worker (LMSW) • Limited Licensed Bachelor Social Worker (LLBSW), Licensed Bachelor Social Worker (LBSW) or Limited Licensed Master Social Worker (LLMSW) <u>with countersignature</u> of Licensed Master Social Worker (LMSW) • Registered Nurse (MSN in Psychiatric Nursing) • Limited Licensed Professional Counselor (LLPC) <u>with countersignature</u> of LPC, or Licensed Professional Counselor (LPC)
Medical History and Physical Examination	<ul style="list-style-type: none"> • Physician (D.O. or M.D.) • Registered Nurse <u>with countersignature</u> of physician • Physician's Assistant <u>with countersignature</u> of physician
Psychiatric Assessment	<ul style="list-style-type: none"> • Psychiatrist (Board Certified or Eligible, per Mental Health Code definition) • Temporary (TLLP), Limited (LLP), <u>with countersignature</u> of a Fully Licensed Psychologist (LP) or Fully Licensed Psychologist (LP) • Limited Licensed Master Social Worker (LLMSW) <u>with countersignature</u> of Licensed Master Social Worker (LMSW) • Licensed Master Social Worker (LMSW) • Registered Nurse (MSN in Psychiatric Nursing) • Limited Licensed Professional Counselor (LLPC) <u>with countersignature</u> of a Licensed Professional Counselor (LPC) • Licensed Professional Counselor(LPC)
Psychological Assessment	<ul style="list-style-type: none"> • Temporary (TLLP), Limited (LLP) <u>with countersignature</u> of LP, or Fully Licensed Psychologist (LP)*
Sensorimotor Development	<ul style="list-style-type: none"> • Occupational Therapist • Physical Therapist

*Excerpt from MDHHS OBRA Manual, Chapter 3