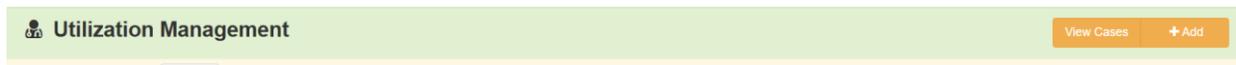


PASRR Level I Review Tips

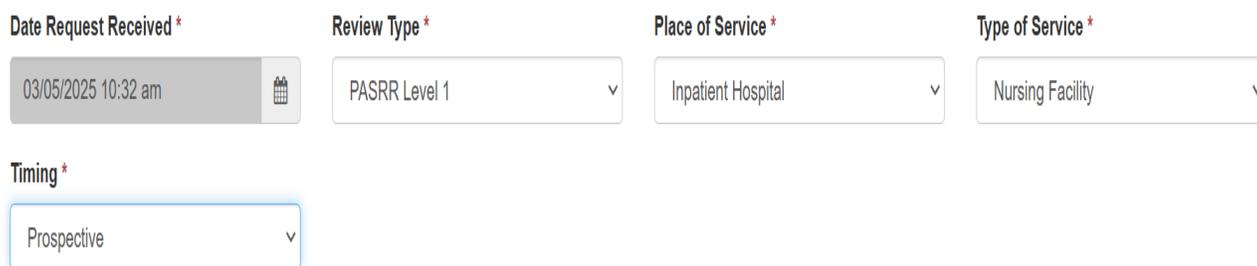
1. Under utilization management- click add



Utilization Management View Cases + Add

2. Select Review type as PASRR Level I.

3. Select Place of Service as INPATIENT HOSPITAL for patients currently in the hospital going to a nursing home. This enables us to prioritize the reviews. By doing this it will save you time by not having to call us to expedite cases. We do these cases first and try to have them completed within a couple of hours.



Date Request Received * 03/05/2025 10:32 am 

Review Type * PASRR Level 1 

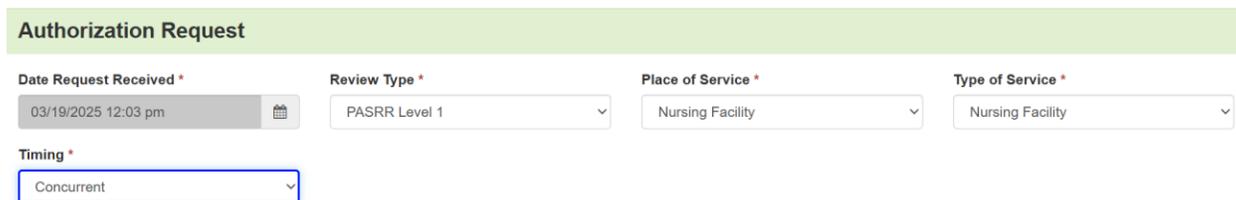
Place of Service * Inpatient Hospital 

Type of Service * Nursing Facility 

Timing * Prospective 

OR

Select Place of Service as Nursing Facility for members currently in a nursing facility.



Authorization Request

Date Request Received * 03/19/2025 12:03 pm 

Review Type * PASRR Level 1 

Place of Service * Nursing Facility 

Type of Service * Nursing Facility 

Timing * Concurrent 

4. Under providers, please list the nursing facility as the treating facility making sure to use the correct NPI number. List the hospital under ordering provider.

Providers *								
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility *						Not Supplied		+ Add
Ordering Provider *						Not Supplied		+ Add

- Under Provider Organization Visibility, click on the drop-down menu to select the facility and grant visibility to both the nursing facility and the hospital.

Provider Organization Visibility ?

McLaughlin, Rhonda, User *

7520 SURRATTS ROAD OPERATIOI ▼

- Add the diagnosis.

+ Add

Seq.	Code	Description	Final Dx	POA	NOS	Action
No Diagnoses Supplied						

- Fill in the reason for PASRR.
- Under PASRR condition indicators, if a member has any MI diagnoses or is taking medications for MI, you would mark yes to the first question.

Does the individual have a known or suspected diagnosis of a major mental illness? *

Yes
 No

- List all MI diagnoses. You can list more than one on this line.

Major Mental Illness

Major Mental Illness Onset Date	Major Mental Illness Type	Major Mental Illness ICD Code	Major Mental Illness Diagnosis Description
<input type="text" value="MM/DD/YYYY"/> <small>(approximate date or use 1/1/1900 if unknown)</small>	<input type="radio"/> Suspected Diagnosis <input type="radio"/> Known Diagnosis	<input type="text"/>	<input type="text"/>

10. Answer the second question with any symptoms member exhibits.

11. The third question in this section is where you can list all medications taken for MI reasons. Adding more lines as needed for each medication. If you are adding a medication, you should have a diagnosis listed above.

Medications and Symptoms

Medications *	Symptoms	MI Diagnosis Code *	MI Diagnosis Name *	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="button" value="+ Add"/>				

12. For the second section, read the questions carefully and answer appropriately. This section includes everything that is related to ID/DD or Related Conditions. Please include all information that pertains to these conditions.

PASRR Condition Indicators – Intellectual or Developmental Disabilities, or Related Conditions	Score: 0
Does the individual have a documented or suspected Diagnosis of Intellectual or Developmental Disability? *	
<input type="radio"/> Yes	
<input type="radio"/> No	
Does the individual have a diagnosis of a neurological condition such as Cerebral Palsy, Autism, etc.? *	
<input type="radio"/> Yes	
<input type="radio"/> No	
Has the individual ever received services from, or been referred to, an agency serving persons with an intellectual or development disability? *	
<input type="radio"/> Yes	
<input type="radio"/> No	
Did the individual sustain a brain injury or receive a Seizure Disorder and/or Epilepsy Diagnosis prior to the age of 22? *	
<input type="radio"/> Yes	
<input type="radio"/> No	

13. The Impairment and Treatment section uses skip logic as you answer the questions. It will direct you as you go through to provide the necessary information.

14. Under the Provisional Admissions section, an EHD is only appropriate if all of the answers in the section are yes. The EHD MUST be signed by the treating physician.

Provisional Admissions

Is the individual admitting under an EHD (Exempted Hospital Discharge) *

- Yes
 No

The applicant is being admitted to a nursing facility after receiving acute inpatient care at the hospital *

- Yes
 No

The applicant requires nursing facility care for the condition for which they received care in the hospital *

- Yes
 No

The attending physician has certified the applicant is likely to require less than thirty (30) days of nursing facility services *

- Yes
 No

15. If an EHD is not appropriate, you must attach all of the following information:

Please submit all of the following:

1. The most recent History and Physical or any medical documentation with a review of systems from within the last 6 months. Include vitals if relevant to the individual's condition.
2. List of current medications.
3. Comprehensive list of diagnosis (ex: SNF face sheet or hospital list).
4. If applicable, please upload documentation related to any active court orders for involuntary mental health treatment and/or psychiatric medications.

16. This is where you can attach your supporting documentation.

Documentation + Add

Show entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

17. Complete the rest of the review following the prompts as you have been doing.