

6.19 MENTAL HEALTH – NURSING FACILITY PSYCHIATRIC CONSULTATION SERVICES AND PRE- ADMISSION SCREENING AND RESIDENT REVIEW (PASSR) REQUIREMENTS

DESCRIPTION OF SERVICES

Nursing Facilities may arrange for the provision of behavioral health services to Medicaid participants residing in nursing facilities that require and can cognitively benefit from these services. Maintenance mental health services for participants in nursing homes are expected to be covered by the nursing homes under the day rate paid by Medicaid. Nursing home psychiatric consultation services are not covered by the Medicaid day rate. These services will be paid for by the Maryland Public Behavioral Health System (PBHS) if pre-authorized by Beacon Health Options, Inc. (Beacon) and if medical necessity criteria are met.

SERVICE RULES

Beacon Health Options may recommend as part of its certification of admission for a person identified by a Level II PASRR review as appropriate for NF admission but needing treatment for serious mental illness or substance abuse disorder specific “specialized services” the person requires while in the facility.

A list of services, procedure codes, and provider categories that may be billed while the individual is located in a nursing facility may be found below.

Service Code	Service	NF PoS	Provider Type
90791	Psychiatric diagnostic evaluation	31,32	MD, CRNP, APRN, PhD Psychologist, LCSWC, LCPC, RN Therapist, OMHC
90792	Psychiatric diagnostic evaluation w/ medical services	31,32	MD, CRNP, APRN, OMHC
90832	Individual psychotherapy (30 min) outpatient	31,32	MD, CRNP, APRN, OMHC
90833	Psychotherapy add on (30 min)	31,32	MD, CRNP, APRN, OMHC
90834	Individual Psychotherapy (45 min Outpatient)	31,32	MD, CRNP, APRN, OMHC
90836	45 min Psychotherapy Add on	31,32	MD, CRNP, APRN, OMHC

Service Code	Service	NF PoS	Provider Type
90837	Individual Psychotherapy (60 min)	31,32	OMHC
90838	60 min psychotherapy add on	31,32	OMHC
90839	Psychotherapy for Crisis, first 60 min	31,32	OMHC
90840	Psychotherapy for Crisis, first 30 min	31,32	OMHC
99354	Prolonged Service Requiring Face to Face Patient Contact beyond the usual service	31,32	OMHC
99355	Each additional 30 minutes of a prolonged psych service	31,32	OMHC
H2027	Family psychoeducation (evidence based practice) with consumer present	31,32	OMHC
H1011	Family psychoeducation (evidence based practice) without consumer present	31,32	OMHC
99251	Initial Inpatient Consultation-Physician Only (20 min)	31, 32	MD
99252	Initial Inpatient Consultation-Physician Only (40 min)	31, 32	MD
99253	Initial Inpatient Consultation-Physician Only (55 min)	31, 32	MD
99254	Initial Inpatient Consultation-Physician Only (80 min)	31, 32	MD
99255	Initial Inpatient Consultation-Physician Only (110 min)	31, 32	MD
H0032	Mental Health Service Plan Development by Non Physician BCARS	31,32	OMHC
H0004	SUD Individual Outpatient Therapy	31, 32	OTP, SUD Program
H0020 HG	Methadone Maintenance - Community Based OTP	31, 32	OTP
H0047	Buprenorphine Maintenance	31,32	OTP

Please note that most of these services require preauthorization by Beacon Health Options. Some services require a denial from Medicare before the ASO can preauthorize the specific service for a resident eligible for both Medicare and Medicaid.

PARTICIPANT ELIGIBILITY

Only participants with Medicaid and/or dual eligibility (Medicare and Medicaid) are eligible for the services described in this chapter.

The Division of Long Term Care Services will conduct post-utilization audits of behavioral health claims to evaluate the provision of these services in the nursing facility setting and appropriate utilization, and also determine compliance with PASRR requirements, by matching recipients of services with documentation of PASRR reviews.

PROVIDER ELIGIBILITY

Eligible providers include Medicaid enrolled medical professionals and counselors that are licensed to practice within their scope in the Nursing Facility setting.

AUTHORIZATION PROCESS

Authorizations can be requested telephonically or electronically through Beacon. Telephonic authorizations are initiated by calling the Beacon customer service line (800- 888-1965) and providing clinical information to a licensed Clinical Care Manager in the Clinical Department. Electronic authorizations are completed by the provider through submission of a request in Provider Connect. Provider Connect can be accessed 24/7, including weekends and holidays through the Beacon website: <http://maryland.beaconhealthoptions.com/provider-main.html>. Providers obtain additional authorizations through the electronic submission of a continued stay request in Provider Connect.

PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

Pre-Admission Screening and Resident Review (PASRR) determinations will be reviewed to ensure that participants with serious mental illness are not unnecessarily institutionalized, but can live in the least restrictive environment where their needs may be met. If a nursing facility is the least restrictive environment that can meet their needs, then services will be identified for their optimal functioning.

Persons seeking admission to a nursing facility must be screened for the presence of serious mental illness (SMI), or of an intellectual or developmental disability. The Pre-Admission Screening and Resident Review (PASRR) Level I screen identifies persons who have or may have a PASRR related condition, and requires them to receive a further physical and psycho-social evaluation, known as a PASRR Level II assessment. The PASRR level II assessment is completed by the local Health Department, Adult Evaluation and Review Services (AERS) within 5 business days. The

Level II Evaluation will include specific and clear recommendations by the Adult Evaluation and Review Services (AERS) Reviewer for nursing facility services.

The assessment is submitted to the ASO and a review of the Level II Evaluation will be completed by the ASO within three business days of a completed request. The Level II assessment becomes the basis upon which Beacon Health Options may recommend certain “specialized services” which, combined with services provided by the nursing facility, result in the implementation of an individualized plan of care to treat behavioral health conditions of persons admitted to the facility.

The ASO RN MCO Liaison and PASRR licensed health care professionals will review all requests and communicate the determination to AERS and the requesting facility. If approved, the PASRR reviewer will sign and fax a copy of the determination PASRR Certificate to the AERS office. If a denial is rendered by an ASO psychiatrist, then the ASO shall notify in writing the applicant of his/her right to appeal the determination.

Both the baseline and the comprehensive care plans required for nursing facility residents must include any “specialized services” identified in the Level II PASRR certification.

Behavioral health services may also be arranged for a nursing facility resident who did not require the Level II evaluation yet may need services of a lesser frequency or intensity. The same process applies: the facility identifies a BH provider who obtains preauthorization for the services from Beacon Health.

CLAIMS PROCESS

Service providers must obtain authorization for consultations and follow-up services for Medicaid participants. Claims must be submitted on a CMS 1500 form. Claims for unauthorized services will be denied. If the services requested by the provider do not meet medical necessity criteria and are non-authorized, please refer to Chapter 10, Grievance and Appeals