

SAMPLE

02/17/2021

QL-UPTOWN HEALTH CARE CENTER, LLC
Attn: Utilization Management Dept
745 E 18TH AVE
DENVER, CO 80203

Re: Minnie Mouse
Insurer: Colorado Medicaid

The requested PASRR review listed below has been approved.

Member Name: Minnie Mouse	DOB: 01/01/1945	Medicaid ID #: 654123987	Case ID: 4556
Requested Service (1)			
Request Type: Prospective		Review Type: PASRR Level 1	
Treating Provider: JEAN MCCLURKEN		Treating Facility: QL-UPTOWN HEALTH CARE CENTER, LLC	
Date of admit: 02/24/2021 - 02/25/2021		Quantity: 1 day(s)	
Proc Code: 99233	Modifier:	Procedure Description:	
Determination (1)			
Dates(s) of Service Approved: 02/24/2021 - 02/25/2021		#Approved: 1 day(s)	Authorization #:
Proc Code: 99233	Modifier:	Procedure Description:	
Determination: Approved		Determination Reason: Level II Needed	
Rationale: This evaluation is no cost to the individual and is for the sole purpose of providing an objective review of most appropriate level of care, and helpful opportunities for additions to the treatment plan to best supports the individual.			

Determination: Approved | Determination Reason: Level II Needed

The review of the submitted PASRR Level I Screen resulted in a finding of a known or suspected Mental Illness, or Intellectual/Developmental Disability, or Related Condition, and there were no indicators for a qualifying Provisional Admission (formerly Categorical Determinations) the PASRR case had been referred for the appropriate Level II evaluation. The facility where the member is currently located can anticipate contact from Telligen regarding scheduling the Level II evaluation.

In the case of first-time identifications, written notice must be provided to the individual or resident, and his or her legal representative, that the individual or resident is suspected of having a mental illness or intellectual, or developmental disability, and is being referred for Level II screening (§ 483.128(a)). See Rationale section of the above table for important information about the Level II screening.

Determination: Approved | Determination Reason: No Level II Reuired

The review of the submitted PASRR Level I Screen resulted in a finding of no known or suspected Mental Illness, or Intellectual/Developmental Disability, or Related Condition. The PASRR case requires no further action. If the member's status changes or new information is acquired that provides evidence of a known or suspected PASRR condition as noted above, the facility should resubmit a new PASRR Level I.

Determination : Approved | Determination Reason: Provisional Admission

The review of the submitted PASRR Level I Screen resulted in a finding of a known or suspected Mental Illness, or Intellectual/Developmental Disability, or Related Condition, and there were indicators for a qualifying Provisional Admission (formerly Categorical Determinations). The possible Provisional Admissions are noted below. The facility is responsible for submitting a new Level 1 PASRR Screen if the member is anticipated to reside in the facility beyond the approved provisional admission timeline as noted below.

- Exempted Hospital Discharge = The need for NH regarding convalescent care due to a discharge from an acute care hospital where the rehabilitation care relates to the reason for the hospitalization and has been certified by the attending physician to likely require fewer than 30 days of nursing services.
- Emergency Admission = Emergency stays due to emergency evacuations or protective services placements not to exceed 14 days.
- Acute Delirium = Individuals with delirium where the delirium prevents an accurate diagnosis at the time of entry into the nursing home but is expected to clear within 14 days.
- Respite Care = Respite stays of up to 30 consecutive days to provide respite to in-home caregivers.

Determination: Technical Denial

In the event that additional information was requested from the submitter of the PASRR Level I Screen and either not received within the necessary timeframe, or not determined to be sufficient to complete the review, the PASRR case will be Technically Denied for administrative reasons. Providers are encouraged to resubmit a new Level I PASRR Screen once all necessary and required information is available for review.

If you have any questions regarding this notification, please contact Telligen at **1-866-538-9510**.

Sincerely,

Telligen Medical Director