

TO: Physicians

SUBJECT: Revised Instructions for Billing - PreAdmission Screening and Annual Resident Review (PASARR) Program

PURPOSE: To instruct physicians of a new billing procedure for previously proc

BACKGROUND: In response to concerns about the reimbursement for PASARR services expressed by physicians, the Division of Medical Assistance and Health Services has assigned five new HCPCS procedure codes (W9845, W9846, W9847, W9848 and W9849). These new procedure codes will facilitate the processing of previously processed Medicare/Medicaid crossover claims for PASARR services which had been originally processed by Medicare, then received by Medicaid as a result of an Automated Crossover process and were subsequently either partially paid or denied by Medicaid. These new procedure codes, described below, will allow providers to bill Medicaid for consideration of payment of the deductible, co-insurance and/or eligible balance, up to the Medicaid maximum fee allowance on the 1500 N.J. claim form (Health Insurance Claim Form) for previously processed and future PASARR claims.

NOTE: PLEASE PAY SPECIAL ATTENTION TO "DATES"

ACTION:

1. PREVIOUSLY SUBMITTED PARTIALLY PAID OR DENIED PASARR CLAIMS WITH DATES OF SERVICE "PRIOR TO DECEMBER 31, 1993".

Physicians are being afforded a limited window of opportunity to resubmit PASARR claims for repricing. These claims must be resubmitted no later than December 31, 1994.

Psychiatrists that completed the initial PASARR screening and utilized the 90801X1 procedure code, but did not receive the total Medicaid maximum fee allowance of \$100.00 for the service are instructed to complete a new 1500 N.J. claim form and enter the new code "W9845" and the narrative "PreAdmission Screening (PAS) of PASARR Level II screening in block 24D of the 1500 N.J. claim form. Do not submit the claim using procedure code 90801X1 which is obsolete.

Those physicians that completed an initial PASARR screening and utilized the 99333X1 procedure code, but did not receive the total Medicaid maximum fee allowance of \$44.00 for the service are instructed to complete a new 1500 N.J. claim form and enter the new code "W9846" and the narrative "PreAdmission Screening (PAS) of PASARR Level II screening in block 24D of the 1500 N.J. claim form. Do not submit the claim using procedure code 99333X1 which is obsolete.

Those physicians that completed the Annual Resident Review (ARR) of PASARR and utilized the 99313X1 procedure code, but did not receive the total Medicaid maximum fee allowance of \$44.00 for the service are instructed to complete a new 1500 N.J. claim form and enter the new code "W9846" and the narrative "Annual Resident Review (ARR) of PASARR in

block 24D of the 1500 N.J. claim form. Do not submit the claim using procedure code 99313X1 which is obsolete.

For example:

<u>NEW CODE</u>	<u>OLD CODE</u>	<u>MEDICAID FEE ALLOWANCE</u>	<u>* ANY PRIOR PAYMENT FROM ANY SOURCE</u>	<u>BALANCE DUE FROM</u>
<u>MEDICAID</u>				
W9845	90801X1	\$ 100.00	\$ 77.02	\$ 22.98
W9845	90801X1	\$ 100.00	\$ 0.00	\$ 100.00
W9846	99313X1	\$ 44.00	\$ 38.88	\$ 5.12
W9846	99313X1	\$ 44.00	\$ 0.00	\$ 44.00
W9846	99333X1	\$ 44.00	\$ 37.58	\$ 6.42
W9846	99333X1	\$ 44.00	\$ 0.00	\$ 44.00

- * NOTE:
1. As a one-time exception to standard billing procedure, block 28 (Amount Paid) on the 1500 N.J. claim form must reflect the amount of all previous payments from any source(s) including Medicare, Medicaid and any other insurance.
 2. One date of service and one unit of service per claim line is required.
 3. For this special processing and as a one-time exception, a provider is not required to submit any usually required attachments, (e.g. Medicare explanation of benefits, Medicaid remittance advice or other insurer explanation of benefits).

This interim billing procedure is effective only through December 31, 1994. After December 31, 1994, no retroactive reconsideration of payment of the deductible, co-insurance and/or eligible balance, up to the Medicaid maximum fee allowance will be reimbursed for overage claims.

Please submit these claims to:

DIVISION OF MENTAL HEALTH AND HOSPITALS
 CN-727
 TRENTON, NEW JERSEY 08625-727
 ATTENTION: PASARR COORDINATOR

2. PASARR CLAIMS SUBMITTED WITH DATE OF SERVICE "ON AND AFTER JANUARY 1, 1994".

Effective January 1, 1994, the Division implemented a new PASARR HCPCS procedure codes process. Physicians will utilize both the existing HCPCS procedure codes 90801, 99333 or 99313 and the new HCPCS procedure codes W9847, W9848 or W9849 for all new PASARR claims.

- (a) Psychiatrists completing an initial PreAdmission Screening (PAS) of PASARR Level II Screening will utilize the 90801 and the W9847 HCPCS procedure codes in either a hospital or community setting. Utilizing both HCPCS procedure codes, the combined reimbursement will result in payment up to the Medicaid maximum fee allowance of \$100.00.
- (b) Physicians completing an initial PreAdmission Screening (PAS) of PASARR Level II Screening in a community setting, when a psychiatrist is not readily available, will utilize the 99333 and the W9848 HCPCS procedure codes. The combined reimbursement for both HCPCS procedure codes will result in payment up to the Medicaid maximum fee allowance of \$44.00.
- (c) Attending physicians completing the Annual Resident Review (ARR) of PASARR to determine the need for specialized services for mental illness, will utilize the 99313 and the W9849 HCPCS procedure codes. The combined reimbursement for both HCPCS procedure codes will result in payment up to the Medicaid maximum fee allowance of \$44.00.

PROCEDURE:

- 1. Physicians are instructed to submit claims to the Medicare Carrier and/or other Third Party Insurer utilizing the Medicare recognized procedure codes (90801, 99333 or 99313) respectively.
- 2. Upon receipt of the Explanation of Medicare Benefits (EOMB) and/or other insurer Explanation of Benefits form and/or denial of payment letter, physicians are instructed to complete a 1500 N.J. claim form and utilize the W9847, W9848 or W9849 procedure codes as appropriate. The claims along with the required attachments discussed above, should be submitted to:

Unisys Corporation
P.O. Box 4804
Trenton, NJ 08650-4804

NOTE: Physicians who completed PASARR screens with a date of service on and after January 1, 1994, but did not receive the Medicaid maximum fee allowance of \$100.00 or \$44.00 as specified above should resubmit those claims utilizing the process outlined in ACTION #2 above.

- 3. Only payments received from source(s) other than Medicare or Medicaid should be included in block 28 (Amount Paid) on the 1500 N.J. claim form.

NOTE: On and after October 1, 1994, the HCPCS procedure codes 90801X1, 99313X1 and 99333X1 are no longer valid and must be discontinued. Use of HCPCS procedure codes 90801, 99313 and 99333 are still valid.

For more information related to PreAdmission Screening and Annual Resident Review (PASARR) program, please refer to your Newsletter P-665 dated April 29, 1991.

If you have any questions regarding this Newsletter, please contact the Medical Consultant in the appropriate Medicaid District Office.

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(BLUE TAB MARKED "5")