

**KENTUCKY PASRR  
EXPLANATION OF PASRR BILLING**

**NOTE:** Utilize this form to justify PASRR MI or DID evaluations that exceed a cost of \$1,000.00 for single evaluations and \$1,500.00 for dual evaluations.

**DATE OF REVIEW:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**TYPE OF EVALUATION:** \_\_\_\_ Pre-admission \_\_\_\_ Initial Review \_\_\_\_ Subsequent Review

**NAME OF CLIENT  
(OPTIONAL):** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **UNITS:** \_\_\_\_\_ **RATE:** \_\_\_\_\_ **COST:** \_\_\_\_\_

Identify those categories that contributed to the billing of units. For each item checked, please provide an explanation for why more units than usual were needed for this evaluation.

- Travel Time  
\_\_\_\_\_  
\_\_\_\_\_
  
- Review of Records and Other Necessary Documents  
\_\_\_\_\_  
\_\_\_\_\_
  
- Compiling Data and Writing Report  
\_\_\_\_\_  
\_\_\_\_\_
  
- Utilization of More Than One Professional  
\_\_\_\_\_  
\_\_\_\_\_
  
- Collateral Contacts with Family or Significant Others  
\_\_\_\_\_  
\_\_\_\_\_
  
- Other  
\_\_\_\_\_  
\_\_\_\_\_

**STAFF NAME:** \_\_\_\_\_

**REGION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FAX TO:**

DIVISION OF BEHAVIORAL HEALTH (MI) or DIVISION OF DEVELOPMENTAL AND INTELLECTUAL DISABILITIES (DID)  
502-564-2284