



eviCore EAP Provider Procedures

Thank you for participating as an eviCore EAP provider.

You are an important part of ensuring that eviCore EAP customers receive the support and care that they need.

Please take the time to read and follow these procedures carefully as it describes your role and responsibilities.

Utilize eviCore EAP paperwork when seeing a customer referred to you by eviCore EAP.

If you have any questions while working with an eviCore EAP client, please contact eviCore EAP for assistance Monday-Friday, 8:30am-5:00pm at 716-712-2777. Email inquiries can be sent to EAP@eviCore.com

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I. EAP DEFINED

As defined by EAPA (International Employee Assistance Professionals Association)“ an Employee Assistance Program is a workplace service designed to (1) assist organizations in addressing productivity issues and (2) “employee clients” in identifying and resolving personal concerns including health, marital, family, financial, alcohol, drug, emotional, stress, or other personal issues that may affect job performance.” eviCore EAP is a contracted free benefit provided by employers for their employees and dependents.

For purposes of this document, eviCore EAP identifies “dependent” as an individual who is a dependent person for federal income tax purposes.

1. The EAP benefit provides an assessment, a contracted number of EAP counseling sessions and when necessary; referrals for ongoing care.
2. The eviCore EAP benefit offers a limited number of sessions with an EAP provider and it is not appropriate for ongoing psychotherapeutic treatment.
3. EAP services are an employer covered benefit. The eviCore EAP customer has no financial responsibility for EAP services. No deductible, co-payment or co-insurance amount. While providing appointments as an eviCore EAP provider do not bill the customer for services or collect financial information.

II. 3 TYPES OF eviCore EAP REFERRALS

EAP customers can access eviCore EAP in three ways:

A. Self-referral

Any benefit-eligible employee or their dependent can contact the EAP directly. eviCore EAP will work confidentially with the individual to develop an effective plan to address their concerns.

B. Suggested referral

An employer reminds an employee of the EAP’s availability. No EAP referral documentation is necessary from the employer.

C. Administrative referral –REMINDER - THIS TYPE OF REFERRAL IS MANAGED IN PARTNERSHIP WITH AN eviCore EAP COUNSELOR

An employer may utilize the Administrative Referral as a useful tool to assist employees with workplace performance deficits. Common situations where for this type of referral include, but are not limited to:

- Work quality
- Co-Worker conflict
- Inappropriate displays of anger

- Threats of harm to self or others
- Chemical dependency or substance abuse
- Violation of workplace policy and procedure

The employer completes the Administrative Referral documentation and has the employee sign it, before sending it to eviCore EAP.

III. eviCore EAP DOCUMENTATION

The documentation described below is an important part of providing eviCore EAP services. During the initial EAP appointment: review, sign, and give the EAP customer the highlighted documents. All of these forms are available in fillable PDF format: <https://www.evicore.com/eap/providers>

EAP Assessment

This form is completed and signed by the provider during the initial EAP appointment and is retained by the provider. eviCore EAP retains the right to audit EAP records.

Statement of Understanding

This form is reviewed and signed by the EAP client during the initial EAP appointment. The provider gives a signed copy to the EAP client and retains the original.

Statement of Client's Rights and Responsibilities

This document explains the EAP client's rights and responsibilities within and beyond the EAP benefit. The provider gives this document to the EAP client during the initial appointment.

Statement of EAP Client Complaint Resolution Procedure

This form explains the procedure used by eviCore EAP to process client complaints. The provider gives this document to the EAP client during the initial appointment.

EAP Provider - Communication Form

Through the eviCore EAP Administrative Referral process, employers can refer their employees to the EAP when there is a documented concern about workplace performance. The expectation of the employer, is that the employee (EAP client) will successfully complete any recommendations made by the EAP provider.

This form will apply only to EAP appointments that are administratively referred by an employer. The EAP Program will clearly identify this type of referral to providers at the time services are requested. The EAP will email you this form at the beginning of an episode of care, and then as required until the EAP client is discharged from treatment/counseling.

This form allows for communication between the Provider and eviCore EAP to ensure the referred employee is compliant with the services you as the provider have recommended.

Please be aware that employers expect employees take administrative referrals very seriously. Therefore, any untimeliness or deficits in reporting of information as requested by the EAP may result in significant workplace consequences such as ongoing disciplinary actions up to an including termination from employment. All communication of employee compliance should be with eviCore EAP and NOT directly with the employer.

IV. EVICORE EAP PROCESS

A. Assigning an eviCore EAP provider

When an EAP client contacts eviCore EAP, a telephonic intake will be completed with an EAP counselor. Based on their presenting issue, request of the caller and geographic location, a provider is assigned to provide EAP services

1. eviCore EAP instructs the client to contact the assigned provider.
2. eviCore EAP provides the assigned provider an eviCore EAP Authorization by email.

An eviCore EAP authorization includes:

- authorization for the contracted number visits;
 - presenting problem;
 - demographic data supplied by customer
 - geographic area requested by the customer
 - any other details identified to ensure the customers' needs are met.
3. The authorization form provides you with the initial information needed to begin the EAP process. At times, a customer may call to schedule an appointment prior to you receiving the authorization form. If you have not received the authorization form by end of day, please send a brief email to the EAP requesting it.

B. The EAP Assessment

The first EAP appointment is called the EAP Assessment.

The purpose of an EAP Assessment is to:

1. Determine how the EAP client defines the problem.
2. Determine how the EAP provider defines the problem.
3. Obtain relevant history utilizing the EAP Assessment form.
4. Complete the following EAP paperwork:
 - a. **EAP Assessment form**
 - b. **Authorization for Disclosure of Confidential Information– if applicable**
5. Distribute the following EAP documents to the EAP client:
 - a. **Statement of Understanding**
 - b. **EAP Client's Rights and Responsibilities**
 - c. **EAP Client Complaint Resolution Procedure**
6. Determine appropriate services to address the identified problem.
7. Develop a plan of action with the EAP client to address the problem.
8. Schedule additional EAP appointments as needed.

The number of available sessions is dependent upon the EAP contract that has been purchased by their employer. The available number of EAP sessions will be provided to you in the Authorization form.

Upon completion of the assessment appointment with the client, the provider will determine if the client's presenting concern can be adequately addressed through EAP services; or if the case needs to be referred to a Mental Health/Chemical Dependent treatment provider or other community resource. An accurate assessment is a crucial component in determining the proper level of care for a client.

An EAP provider should be able to complete the EAP Assessment in one appointment. EAP assessment/session will last a minimum of 45 minutes.

Services following the initial assessment appointment may include EAP sessions, a referral to Mental Health/Chemical Dependency (MH/CD) treatment or to other community resources.

C. Referral for Mental Health/Chemical Dependence Treatment

If it is clear to the EAP provider that MH/CD Treatment will be needed, the EAP provider should offer the client several resources to choose from. This can include the provider's own agency.

The client retains the right to refuse any referrals. The EAP Program is available to assist any clients who refuse the referral for MH/CD treatment.

The client has the responsibility of choosing a resource, arranging for services and paying for any care beyond the eviCore EAP benefit.

D. EAP Sessions

Any EAP appointments following the assessment are EAP Sessions. The purpose of EAP sessions is to assist the customer with reaching the goals identified in the plan of action.

No Call/No Shows: If a customer fails to show up for a scheduled EAP appointment, please notify eviCore EAP. eviCore EAP will contact the customer to determine the explanation for the missed appointment and to confirm commitment to the EAP process. The missed appointment will count as one EAP session.

IV. EAP CLIENT COMPLAINT RESOLUTION DOCUMENT

This document is on the eviCore EAP website and is given to the EAP client at their first appointment.

V. ADDRESSING PARTICIPATING PROVIDER COMPLAINTS

eviCore EAP responds to participating provider complaint within three (3) business days. A complaint determination is communicated in writing within thirty (30) calendar days of receipt of all necessary information.

Complaints may be filed in the form of a telephone call or email.

Telephone: **716-712-2777**
Fax: **716-712-2796**
Email: **EAP@evicore.com**

VI. SUBMISSION OF EAP DOCUMENTATION FOR REIMBURSEMENT

At the completion of the EAP telephonic assessment, the EAP will fax/email an authorization with approved number of sessions and the member ID number, which will be required for completion of the CMS-1500 claim form.

Providers are reimbursed for remote or face-to-face appointments only. All EAP appointments should be at least 45 minutes in length.

Claim forms must be mailed within one hundred twenty (120) days of the date of service. Submit the completed CMS-1500 Claim Form to:

**eviCore healthcare – EAP
400 Buckwalter Place Blvd Bluffton, SC 29910**

Note: Incomplete or incorrectly completed billing documentation will be returned to the EAP provider for completion/correction. Resubmit the corrected billing documents to eviCore EAP within thirty (30) days of return.

Step-by-Step instructions are in the next section labeled **Billing Requirements**

Providers are expected to retain all EAP records and these records must remain available for audit by eviCore EAP for a minimum of seven (7) years following the completion of services by the EAP provider.

BILLING REQUIREMENTS

All claims must be submitted on an original red/white CMS-1500 Claim Form via mail. **Claims must be mailed**, faxes and emails are not accepted.

The sample CMS-1500 claim form at the end of this section demonstrates how you and your staff must complete a CMS-1500 claim form.

The following steps must be adhered to ensure prompt claims payment:

1. Claims must be received by eviCore healthcare within **120 calendar days** of the date of service.
2. Claims must be submitted with a valid CPT and ICD-10 code.
 - a. The appropriate/required diagnosis code for EAP services is Z00.00.
 - b. Valid CPT codes for EAP services are:

Code	Description
X8001	Initial Assessment
X8002	Session

- c. All services billed must be authorized by eviCore EAP. To receive authorization for services, please contact the EAP directly at 716-712-2777.
3. Bill for services provided initial assessment and session(s)
4. Box 31 on the CMS-1500 billing form must indicate the practitioner that rendered the service, including their NPI (National Provider Identifier) number.

Benefit Guidelines

- EAP services are not subject to member copays.
- Eligibility and benefits limitations should be verified by the practitioner prior to services being rendered. All billed services require an authorization from eviCore EAP. To obtain an authorization, providers may call the EAP department at (716)712-2777 or 1-888-276-6632.

Claims Payment

Payment for services will be mailed to the practitioner. Each check will have a check detail explaining payment. The check detail will identify the member(s) treated and a breakdown of that member’s benefit. See the completed check detail at the end of this section.

Claims will be paid via paper check or EFT. Providers who wish to apply for EFT payment must complete the form at the end of this packet, and submit the information to the eviCore Network Management Department.

When inquiring on the status of a claim, email the inquiry to PHinfo@eviCore.com or call Jeanelle Miller at 716-712-2700 Ext. 26910, Jill Campbell at 716-712-2700, Ext 26916 or Theresa Wojcicki at 716-712-2700 Ext 26911.

Note: Please keep in mind when checking the status of a claim you should allow thirty (30) processing days from the original submission date.

How to Complete a CMS-1500 Claim Form

Claims must be submitted on an original red/white CMS-1500 claim form.

Claims must be submitted within 120 days of the date of service or they will be denied for timely filing. The information on the CMS-1500 claim form must be complete. The following fields are **critical** to claims processing. If information is missing, eviCore healthcare will not be able to process the claim and the claim will be returned to the practitioner. Please see example claim form below. All **highlighted** fields are necessary fields.

- **Box 1a** ID number, including Alpha Prefix – this can be obtained by contacting Palladian EAP.
- **Box 2** Patient's Name
- **Box 3** Patient's Date of Birth
- **Box 5** Patient's Address
- **Box 12** Patient's Release of Medical Information
- **Box 14** Date of Injury/Illness
- **Box 21** ICD10/Diagnosis Code – all EAP claims must use Z00.00
- **Box 24A** Date(s) of Service – each date of service should be billed with its own line.
- **Box 24B** Place of Service - this code should refer to the office setting.
- **Box 24D** CPT Procedure Code – codes should relate to CPT codes listed above in this document.
- **Box 24E** Diagnosis Pointer – should always refer to diagnosis 1
- **Box 24F** Billed Charges
- **Box 24G** Billed Units – should default to '1'
- **Box 24J** Rendering provider NPI number
- **Box 25** Practitioner's Tax Identification Number
- **Box 28** Total Billed Charges
- **Box 31** Practitioner's Signature with Date
- **Box 32** Practitioner's Name & Address Where Services were Rendered
- **Box 32a** Practitioner NPI number
- **Box 33** Practitioners billing address
- **Box 33a** Billing office NPI number – may be the same as the practitioner NPI number, depending on provider set up



1-1/3"

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

____ FICA _____ PICA _____

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BENEFITING OTHER
(Medicare) (Medical) (DREDCM) (Member ID) (ID) (ID) (ID) (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) _____
 3. PATIENT'S BIRTH DATE (MM DD YY) _____ SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial) _____
 5. PATIENT'S ADDRESS (No., Street) _____
 6. PATIENT RELATIONSHIP TO INSURED: Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street) _____
 CITY _____ STATE _____

8. RESERVED FOR NUCC USE
 9. RESERVED FOR NUCC USE
 10. RESERVED FOR NUCC USE

11. INSURED'S POLICY GROUP OR FECA NUMBER _____
 12. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) _____
 13. OTHER INSURED'S POLICY OR GROUP NUMBER _____

14. IS PATIENT'S CONDITION RELATED TO:
 a. EMPLOYMENT? (Current or Previous) YES NO
 b. AUTO ACCIDENT? YES NO (Place (State) _____)
 c. OTHER ACCIDENT? YES NO

15. INSURED'S DATE OF BIRTH (MM DD YY) _____ SEX M F
 16. OTHER CLAIM ID (Designated by NUCC) _____

17. INSURANCE PLAN NAME OR PROGRAM NAME _____
 18. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO # yes, complete items 9, 10, and 11

19. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
 20. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
 SIGNED _____ DATE _____

21. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
 SIGNED _____

22. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM DD YY) _____ QUAL _____
 23. OTHER DATE (MM DD YY) _____ QUAL _____

24. NAME OF REFERRING PROVIDER OR OTHER SOURCE _____
 25. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM DD YY) _____
 26. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) _____

27. OUTSIDE LAB? YES NO \$ CHARGES _____
 28. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____

29. PRIOR AUTHORIZATION NUMBER _____
 30. A. DATE(S) OF SERVICE (From MM DD YY To MM DD YY) B. ICD-9-CM CODE C. PROCEDURE, SERVIC/S, OR SUPPLIES (Specify Unusual Circumstances) D. DIAGNOSTIC POINTER

31. F. \$ CHARGES G. DAYS OR LEAVES H. ICD-9-CM CODE I. ID. CLM. J. RENDERING PROVIDER ID. #

32. FEDERAL TAX ID NUMBER (RIN EIN) _____
 33. PATIENT'S ACCOUNT NO. _____
 34. ACCEPT ASSIGNMENT? YES NO (For gov. claims, see back)

35. TOTAL CHARGE \$ _____
 36. AMOUNT PAID \$ _____
 37. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (certify that the statements on the reverse apply to this bill and are made a part thereof)

38. SERVICE FACILITY LOCATION INFORMATION _____
 39. BILLING PROVIDER INFO & PH # _____

SIGNED _____ DATE _____
 40. RESERVED FOR NUCC USE

41. RESERVED FOR NUCC USE

42. RESERVED FOR NUCC USE

43. RESERVED FOR NUCC USE

44. RESERVED FOR NUCC USE

45. RESERVED FOR NUCC USE

46. RESERVED FOR NUCC USE

47. RESERVED FOR NUCC USE

48. RESERVED FOR NUCC USE

49. RESERVED FOR NUCC USE

50. RESERVED FOR NUCC USE

51. RESERVED FOR NUCC USE

52. RESERVED FOR NUCC USE

53. RESERVED FOR NUCC USE

54. RESERVED FOR NUCC USE

55. RESERVED FOR NUCC USE

56. RESERVED FOR NUCC USE

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

300'

180'

1

2

3

4

5

6

NUCC Instruction Manual available at: www.nucc.com

PLEASE PRINT OR TYPE

APR 02 2012 05:03:38 1197 FORM 1500 (02-12)

How to Interpret a Provider Voucher

The practitioner will receive a Provider Voucher/Check Detail for every claim eviCore processes. The following information is contained on the Provider Voucher (**see next page**).

- Field 1 Practitioner's Name and Address
- Field 2 Check/EFT Number
- Field 3 Date of the Provider Voucher
- Field 4 Member's last name, first name and identification number
- Field 5 Claim Number – please note – if the provider submits several claims – this information will repeat (the example on the following page contains several claims for the same provider).
- Field 6 Date of Service
- Field 7 CPT Code
- Field 8 Billed Amount with totals
- Field 9 Contracted Allowed Amount with totals
- Field 10 Total Benefits
- Field 11 Member Co-pay (which will be zero)
- Field 12 Total Net Payment to provider – sum of all claims payments