EviCore EAP

Provider Procedures

EviCore EAP is a division of EviCore Health. At EviCore EAP, we are committed to helping EAP customers create and maintain healthy lives. EviCore EAP supports this mission by providing a variety of EAP benefits including individual and family services, trauma response and EAP trainings.

We would like to thank you for becoming a Participating Provider in our affiliate network and assisting us in our commitment to provide confidential and effective EAP services.

All Forms referenced in this document are available in PDF format on the EviCore EAP Website:

https://www.EviCore.com/eap

02/12/2022

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I. EAP DEFINED

EviCore EAP is a contracted benefit provided by employers for their employees and dependents to assist them with any concern they might be having which subsequently is impacting the employee's workplace performance. EviCore EAP identifies customers of the EAP Program as "EAP clients". "Dependent" shall mean an individual who is a dependent person for federal income tax purposes.

Both employees and employers can access the EAP Program by calling **716-712-2777,** or TF **1-888-276-6632.**

Employees and employers contact the EAP Program for a variety of services. EAP service options include employee or dependent self referrals, employer suggested referrals, administrative referrals, crisis intervention or EAP trainings.

II. EviCore EAP DOCUMENTATION

All Forms are available in PDF format on the EviCore EAP Website: EviCore.com\eap

EAP Assessment
This form is completed by the provider during the initial EAP appointment as a part of the initial evaluation process and is retained by the provider.

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 form explains the EAP client's rights and responsibilities within and beyond the EAP benefits and is given to the EAP client by the provider during the initial EAP appointment.

Statement of EAP Client Complaint Resolution Procedure
This form explains the procedure used by EviCore EAP to process client complaints and is given to the EAP client during the initial EAP appointment with the provider.

Authorization for Disclosure of Confidential Information
This form, when necessary, is signed by the EAP client and is utilized by the EAP provider to exchange information with a third party. It is retained by the provider.

EAP Claims Processing Instructions - All billing to EviCore EAP needs to be mailed to the EAP on a CMS 1500 red and white form.

EAP Provider - Communication Form - The following form will apply only to EAP appointments that are administratively referred by an employer. The EAP Program will identify this type of referral to providers at the time services are requested.

This form is sent to EAP providers by the EAP when an employee is administratively referred by their employer to the EAP. Complete this form and return to the EAP as soon as possible.

Please be aware that employers expect that employees take administrative referrals very seriously and that 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 with the employer.

III. CONFIDENTIALITY

The EAP Program recognizes that confidentiality is critical to the EAP client. State and Federal law guide all information released to and by the EAP Program and the EAP provider. In all circumstances, except where applicable by law, release of confidential information must be authorized by the EAP client.

Clear and Imminent Danger/Duty to Warn

Under certain circumstances, it may be necessary for an EAP provider to release confidential information without informed consent. Of specific concern are situations that indicate a *clear and imminent danger to self or others,* and the responsibility to notify potential victim(s) of imminent threat *(duty to warn).*

The EAP provider may release confidential information without the client's permission when the EAP provider determines that there is a clear and imminent danger to self or others and an adequate safety plan cannot be agreed upon.

Determination of clear and imminent danger includes following the guidelines of the provider or provider's agency, and abiding by all the legal and ethical requirements of the counseling or relevant profession.

If the imminent danger includes threats to the workplace or individuals at the workplace, the provider may enlist the assistance of the EAP Program to notify the workplace and determine the "need to know" criterion to protect the intended victim(s) and the safety of the workplace.

Any breach of confidentiality must be brought to the attention of the EAP Program within 2 hours of occurrence. If after regular business hours, please request the EAP answering service contact the EAP counselor on call.

IV. TYPES OF EAP REFERRALS

A. Self referral

Any benefit-eligible employee or their dependent can contact the EAP directly if they are experiencing a stressful situation. EviCore EAP will work confidentially with the individual to develop an effective plan to address the situation.

B. Suggested referral

At any time, an employer may suggest to an employee who is in need of resources that the EAP Program is available to assist. No EAP referral documentation is necessary from the employer. The final decision to accept a suggested referral will remain with the employee.

C. Administrative referral

An employer may choose to utilize Administrative Referrals as part of their EviCore EAP contract as a useful tool to assist them with maintaining a productive and healthy workforce. Common situations where these referrals are utilized include, but are not limited to:

- Work quality or performance
- Co-Worker conflict
- Anger Management
- Threats of harm to self or others
- Chemical Dependency or Substance Abuse
- Violation of workplace policy and procedure

An Administrative Referral is a strong recommendation that an employee utilize the EAP Program as an available resource to correct declining workplace performance.

Employers, along with the referred employee, complete the Administrative Referral documentation and forward that documentation to the EAP Program.

V. EviCore EAP PROCESS

A. Telephonic Intake

All EAP clients must contact the EAP program and complete a telephonic intake in order to determine the initial level of intervention. During the intake process the EAP customer is assigned an EviCore EAP member number which is used for tracking and billing purposes.

If the EAP client is referred to an EAP network provider, they will be instructed to contact the provider and request an EviCore EAP appointment. The EAP program will email/fax an EAP authorization which will include the number of EAP sessions the customer is eligible for.

Providers are selected based on:

- Clinical appropriateness
- EAP client choice
- Appointment availability
- Geographic location

An EAP appointment should be offered within a reasonable time frame to best meet the needs of the EAP client. If the needs of the client cannot be met, please refer the client back to EviCore EAP.

The response time for more urgent situations will be assessed on a case by case basis and mutually agreed upon by the requestor, the EAP, and the EAP Provider at the time of referral.

The EAP provider will email EviCore EAP information regarding the date and time of the EAP client's appointment.

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.

The number of available EAP sessions is dependent upon the EAP contract that has been purchased by the Employer. The EAP Program will advise you of the number of EAP sessions in the authorization form that will be emailed or faxed to you.

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 MH/CD 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. It is anticipated that EAP Assessments 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 may 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 and arranging for services. Arrangements for services outside the EAP Program are made between the client and the care provider.

Reimbursement for MH/CD treatment is through the client's health insurance or other means of payment that the client arranges with the treatment provider. The EAP Program is not responsible for reimbursement of MH/CD Treatment.

D. EAP Sessions

Any EAP appointments following the Assessment are considered EAP Sessions
The purpose of EAP Sessions is to assist the EAP client with reaching the goals identified in the plan of action, and should also assist the client in maintaining or improving workplace performance.

No Call/No Shows: If an EAP client fails to show up for a scheduled EAP appointment, please notify the EAP program. The EAP will be responsible for communication with the EAP Customer. Cancelled appointments are not considered no call/no show and should be rescheduled directly by the EAP client with the EAP provider.

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 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
730 Cool Springs Blvd Suite 800
Franklin, TN 37067

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 can be found in the EAP claims processing guide at the end of this manual.

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.

VII. EAP CLIENT'S RIGHTS AND RESPONSIBILITIES

This document can be found on the EviCore EAP website and should be given to all EAP clients at the first appointment.

EAP Client's Rights within the EAP Benefit

EAP Clients have the right to:

- receive information about the organization, its services, its practitioners and providers (including those who accept members who speak a language other than English), its policies and procedures, and Clients' rights and responsibilities;
- be treated with courtesy, consideration and respect, and with recognition of their dignity and right to privacy;
- be free from billing by EviCore EAP or its EAP providers for EAP services that were authorized or covered under their EAP benefit;
- a choice of EAP providers, subject their availability;
- obtain assistance and referral to participating EAP providers with experience in the provision of EAP services;
- receive information from the EAP provider necessary to give informed consent prior to the start of EAP services;
- participate with practitioners and providers in decision making throughout the EAP process;
- a candid discussion of appropriate or medically necessary treatment options for their

conditions, regardless of cost or benefit coverage;

- know the system for resolving complaints, including their right to appeal, in the event that the client feels that their provider has not given the kind of service that they have the right to expect;
- obtain information about available services, including how to obtain urgent, emergency and after hours care;
- confidentiality of their EAP records;
- make recommendations regarding the organization's Clients' rights and responsibilities policies;
- refuse services to the extent permitted by law, and understand the consequences (medical or other) of that action;
- obtain complete and current information concerning EAP services and their individual plan of action in terms they can reasonably understand; and
- know the name and qualifications of all caregivers. This information can be obtained from the practitioner or provider or the administrator of any health care facility.

EAP Client's Responsibilities within the EAP Benefit

EAP Clients have a responsibility to:

- supply information, to the fullest extent possible, that the organization and its practitioners and providers need in order to provide services;
- establish themselves as a client with the practitioner or provider they have selected;
- attend scheduled appointments on time;
- communicate any inability to attend such appointments prior to the appointment date and time;
- participate in developing and following the mutually agreed upon goals, plans, and instructions for their care;
- provide honest and accurate information concerning their health history and status; and
- carry their Employee Assistance Program identification card and present it when seeking EAP services.

VIII. ADDRESSING EAP CLIENT COMPLAINTS

This document can be found on the EviCore EAP website and should be given to all EAP clients at the first appointment.

EviCore EAP responds to EAP client complaints in a thorough, appropriate, consistent and timely manner to ensure quality care and effective services to both providers and customers.

EviCore EAP responds to client complaints 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 conversation, written correspondence or face to face contact. Means to contact the EAP are as follows:

Telephone: **716-712-2777**

Fax: **716-712-2796**

The EviCore EAP Manager is responsible for overseeing the complaint process. Complaints are categorized and trended over time. Data is periodically reviewed to identify opportunities for process improvement.

Satisfaction surveys may include comments which are complaints about the organization and are handled through the Complaint Process. EviCore EAP does not retaliate or take discriminatory action against an individual who has filed a complaint or appeal. Complaints received by the EAP will be kept confidential consistent with EAP protocol for confidentiality of EAP information.

IX. ADDRESSING PARTICIPATING PROVIDER COMPLAINTS

eviCore EAP responds to participating provider complaints in a thorough, appropriate, and consistent 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 conversation, written correspondence or face to face contact. Means to contact the EAP are as follows:

Telephone: **716-712-2777**
Fax: **716-712-2796**

The EviCore EAP Manager is responsible for overseeing the complaint process. Complaints are categorized and trended over time. Data is periodically reviewed to identify opportunities for process improvement.

Provider Satisfaction Surveys may include comments which are complaints about the organization and are handled through the Complaint Process. EviCore EAP does not retaliate or take discriminatory action against an individual who has filed a complaint or appeal. Complaints received by the EAP will be kept confidential consistent with EAP protocol for confidentiality of EAP information.

BILLING REQUIREMENTS

All claims must be submitted on an original red/white CMS-1500 Claim Form via mail. Claims must be mailed, faxes 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
X8003	Training
X8004	Crisis Incident Stress Debriefing
X8005	Grief Counseling
X8006	Anger Management

    c. All services billed must authorized by EviCore EAP. To receive authorization for service, please contact the EAP directly at 716-712-2777.

3. Bill for treatment rendered.

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 sent 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 please contact 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.

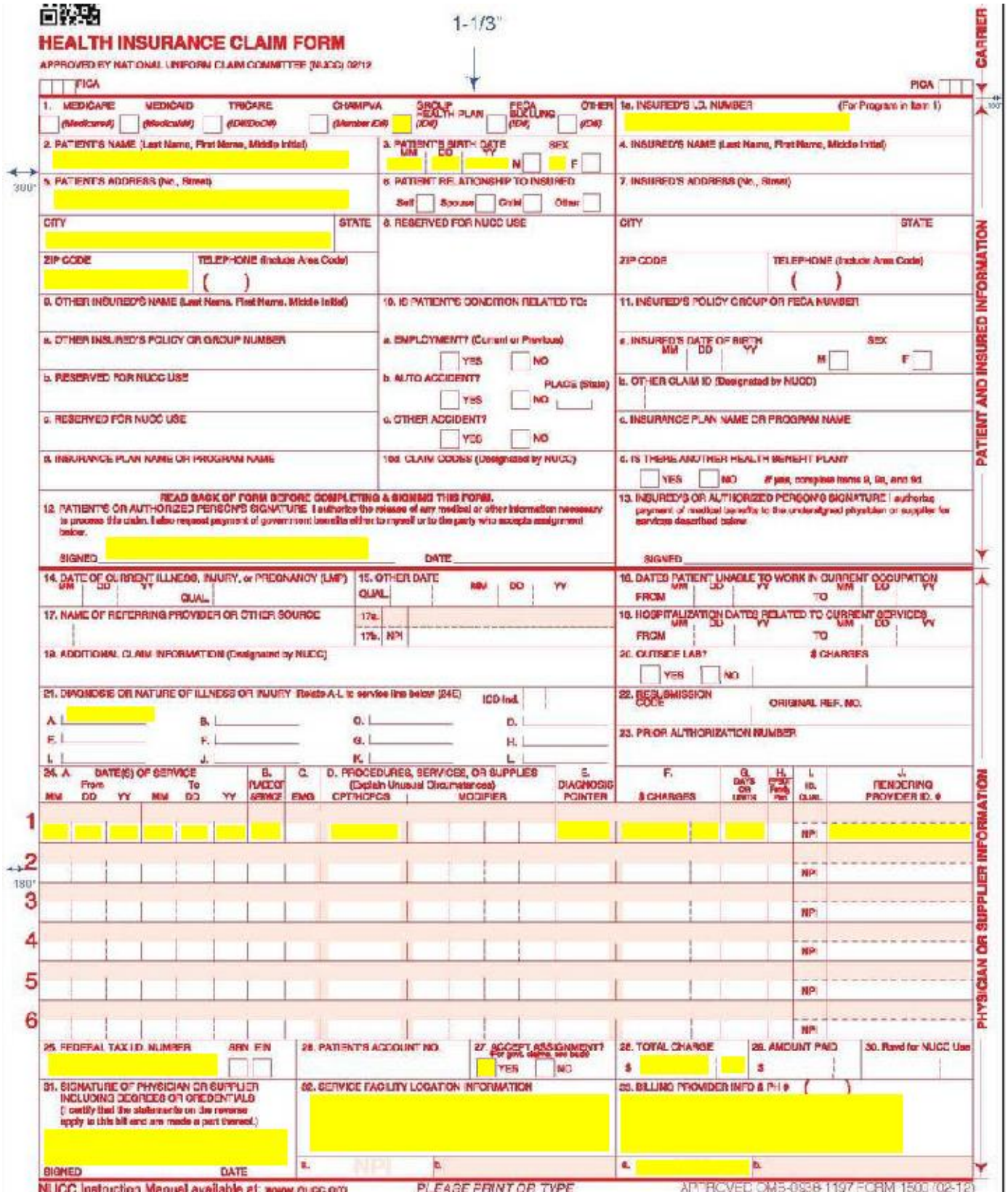
How to Complete a CMS-1500 Claim Form

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**
- **Box32a 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**



HEALTH INSURANCE CLAIM FORM

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

1-1/3"

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

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

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. 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

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

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? For govt. claims, see back YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

300"

180"

How to Interpret a Provider Voucher

The practitioner will receive a Provider Voucher/Check Detail for every claim EviCore processes. If the provider opts to use EFT payment instead of paper check, EviCore will mail the provider their voucher. 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

Palladian eviCore healthcare

PROVIDER VOUCHER

730 Cool Springs Blvd, Suite 800
Franklin, TN 37067

Important Plan Information

[redacted]

[redacted]

Vendor Number: [redacted]

Check/EFT No.: [redacted]
Check/EFT Date [redacted]

#	Date Of Service	Code	Procedure Description	Total Charges	Allowed Amount	Total Benefits	Member Responsibility
PATIENT: [redacted]			PLAN: Palladian EAP			CLAIM: [redacted]	
OFFICE INFO: OFFICE: [redacted]							
1	[redacted]	XB001	EAP Initial Assessment	65.00	65.00	65.00	0.00
2	[redacted]	XB002	EAP Session	65.00	65.00	65.00	0.00
			CLAIM TOTALS:	130.00	130.00	130.00	$0.00

Service Line Explanation

NET PAYMENT FOR CLAIM $130.00

TOTAL NET PAYMENT TO PROVIDER 130.00

EL ECTRONIC PAYMENT PROGRAM
ENROLLMENT FORM

Provider Information (Information must match your W-9 tax forms)

Provider Name _____

Legal Name _____

Tax Id Number _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Designated Email _____

Banking Information

Routing Number _____

Account Number _____

Bank Name _____

I (we) hereby authorize eviCore healthcare, hereinafter called eviCore, to initiate credit entries to the checking account indicated on the attached voided check, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in effect until eviCore has received written notification indicating such. I understand t at the termination is effective thirty- (30) days from the date that the notification i s received.

Please attach a voided check from the authorized financial institution to this document.

Signature _____

Date _____

This form can be emailed to the Network Management Team at: PHNet.Management@evicore.com or returned with your (re)credentialing documents. Please allow 30 days processing time.