

## Community Resources

An important aspect of EAP services is knowledge of and referral to community resources. PBH EAP has an extensive community resource network database for referring members to continuing treatment and community support. This national database is continuously updated through EAP staff knowledge of local area resources, experience of network consultants, and feedback from clients and employers.

**PBH EAP network consultants must have a working knowledge of the community resources available to a client and their family. Referrals to community resources should be given as an adjunct to counseling whenever requested by the client, or deemed appropriate by the EAP consultant.**

An example of community resource referrals include the following:

- ◆ Consumer credit agencies
- ◆ Self help and support groups
- ◆ Legal advocacy
- ◆ Parent resource centers
- ◆ Family support programs
- ◆ Respite care agencies
- ◆ Wellness and physical health programs
- ◆ Grief support
- ◆ Public and governmental agencies

## Accessibility

It is a PBH standard that all EAP providers are accessible within four hours of an emergency referral. For urgent referrals, members must be seen within 24 hours of their call to PBH. For routine referrals, members must be offered an appointment within five business days of the member's request and/or seen for an initial appointment within ten business days of referral. For the crisis intervention, members must be offered an appointment within three business days of the initial call to PBH.

## Documentation Requirements

PBH may require submission of certain clinical information gathering forms during, or at the time of closing, an EAP case. If this is so PBH will contact you and provide you with the necessary forms.

**If an EAP provider determines that a client requires referral into the PacifiCare Behavioral Health benefit plan, the EAP provider should call the toll-free 24-hour PBH Clinical Care management number located in the Quick Reference Guide.**

## Billing and Reimbursement

PacifiCare Behavioral Health is committed to prompt and accurate claims payment. In order to achieve this result, PBH relies on providers to submit accurate claims. The PBH claims system is rule-based. This means payment of claims relies heavily on whether or not the claim form fulfills the rules for payment. The process is very simple, if you remember these things:

- 1) All EAP services must be pre-authorized.
- 2) EAP services are provided at no cost to the member and therefore there is no co-payment.
- 3) Axis I diagnosis is not required for EAP clients.
- 4) V codes or 799.90 for diagnosis deferred may be used for EAP claims when appropriate.

## Pre-Authorization

**All services, except emergency services for screening and stabilization, must be pre-authorized in order to receive payment.** Services billed must match services authorized by:

- ◆ Service type (e.g. CPT code)
- ◆ Valid service dates
- ◆ Number of authorized visits
- ◆ Tax ID of provider performing services

## EAP CPT Codes

CPT Code	Type of Service	Description
90801	EAP-I	Intake - Office
90804, 90810	EAP-V	Office 20-30 minutes
90806, 90812	EAP-V	Office 45-50 minutes
90847	EAP-V	Family Psychotherapy
90853	EAP-V	Group Psychotherapy

## Accurate and Complete Claim Forms

To ensure timely, accurate payment, all practitioner EAP bills must be submitted on HCFA 1500 forms. See Administrative Guide for HCFA 1500 form required billing information.

## Timely Claims Submission

All claims must be submitted within 90 days from the date of service. Claims for EAP services should be mailed to:

PacifiCare Behavioral Health  
 P.O. Box 31053  
 Laguna Hills, CA 92654-1053  
 Attn: EAP Claims

*If you have questions regarding a bill or payment of a claim, call the PacifiCare Behavioral Health Provider HelpLine at (800) 716-1166.*

- ◆ Change of office address and/or phone number
- ◆ Addition or deletion of an office location

# AUTHORIZATION FORM - CONFIDENTIAL

REFERENCE ID: 983160002  
DATE OF REVIEW: 11/12/98  
PROVIDER OF SERVICE: 552129879-01

Network ID: Individual  
Client ID: CA  
Auth Type: I

500

Carl Jung, MD  
344512 Any Street  
Any City, CO 99212

Please mail all claims to:  
PacifiCare Behavioral Health, Inc.  
attn: Claims Dept.  
23046 Avenida De La Carlota, Suite 700  
Laguna Hills, CA 92653-9761

MEMBER:  
Joe Smith  
1244 Any Street  
Any City, CO 90020

SUBSCRIBER:  
Joe Smith  
1244 Any Street  
Any City, CO 90020

SUBSCRIBER ID - SUFFIX: 989493485-1  
MEMBER'S RELATIONSHIP: Subscriber  
MEMBER'S SEX: Male  
MEMBER'S BIRTH DATE: 1/1/50  
GROUP NAME: University of California  
PRODUCT DESCRIPTION: UC -- In Area CA

## Authorization:

DATES OF SERVICE	UNITS	TYPE OF SERVICE	SERVICE RULE
1/1/99 - 3/1/99	3	ELHI EAP Initial Visit	EAP Visit
Brief Tx Auth Complete (AUTH)		Procedure Code: 90801EL	

Effective 3/1/97, claims which are submitted for payment more than 90 days from the date of service will be denied unless expressly prohibited by the member's health plan.

Any treatment beyond what is authorized on this form must be pre-authorized by PacifiCare Behavioral Health, Inc. Failure to comply with the pre-authorization requirements will result in non-payment of benefits.

For questions regarding treatment, claims or provider issues, call (800) 234-5465.