Interface EAP

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MANAGED CARE PROVIDER RESPONSIBILITIES and BILLING PROCEDURES

DEFINITIONS

- **TPA** Third Party Administrator manages self-funded insurance plan. TPA's will verify eligibility, benefit limitations including excluded modalities as well as pay claims authorized and processed by IEAP
- **IN-NETWORK** Refers to providers with whom IEAP has a valid contract. Some insurance plans will reimburse at a higher level for in-network providers

OUT-OF-NETWORK/ Refers to providers with whom IEAP has no valid contract. Some insurance plans will not reimburse or reimburse at a lower rate for out-of-network providers

IEAP FORMS

- Clinical Feedback Form
- Request for Psychological Testing
- Hospital Admission Form (sent to hospitals only)

PROVIDER RESPONSIBILITIES

The provider MUST:

- VERIFY patient's benefits with the TPA under the health plan -- participant coverage, treatment for diagnosis and CPT Code coverage, and any limitations with regards to: provider credentials, maximum number of sessions allowed, the submission of billings, time limitations, forms needed, etc.
- PREAUTHORIZE all treatment with Interface EAP -- this includes all in-network as well as most out-of-network cases. Failure to obtain precertification of treatment may result in a significant reduction in the level of available insurance reimbursement.
- REFER participant to IEAP for any other necessary treatment referrals (*i.e. hospitalization, medication evaluations, psychological testing, etc.*)

BILLING PROCEDURES

Use your regular insurance forms to file all claims

- Indicate your standard fee on insurance claim form (IEAP will make adjustments based on your contracted rate and forward your claim to the TPA for recommended payment)
- Include the following information to insure prompt reimbursement:
 - * IEAP Case Number
 - * Patient Name
 - * Patient Date Of Birth
 - * Name Of Covered Employee
 - * Social Security Number Of Covered Employee
 - * Proper CPT Code For Treatment Provided
 - * Participant's DSM IV TR Diagnostic Code
- Mail ALL insurance claims to IEAP for processing. Interface will reprice per contracted rate and forward to TPA (claims mailed directly to TPA will likely result in a delay in payment).

IMPORTANT NOTE: IEAP'S AUTHORIZATION IS BASED SOLELY ON MEDICAL NECESSITY AND DOES NOT GUARANTEE INSURANCE COVERAGE OR PAYMENT ON CLAIMS SUBMITTED.