

## Employee Assistance Program (EAP)

- 1. What is the Optum Employee Assistance Program and why is it different from other payors?**
  - EAP is a health and wellness benefit paid for by a member's employer.
  - While fully paid by the member's employer, the major difference with the Optum EAP is that credentialed network providers are paid at the same exact contracted rate for EAP services as they are for routine outpatient services.
  - Additionally, no special EAP certification is necessary for provide these services. All Optum-contracted providers may provide, and are encouraged to provide, EAP services to members who have the EAP benefit.
  - The EAP benefit is designed to provide assessment and referral, as well as a brief counseling intervention for members and their families.
  - The typical EAP benefit offers a limited number of sessions with an MH/SUD clinician but is not designed to provide an ongoing course of psychotherapeutic treatment.
  
- 2. What benefits does EAP cover?**
  - The typical EAP benefit offers a limited number of sessions with a mental health or substance use disorder clinician for counseling services but is not designed to provide an ongoing course of psychotherapeutic treatment.
  - EAP benefits may also cover other areas of supports, such as legal and financial resources, WorkLife resources, and online articles and resources.
  
- 3. Do I as a provider need to sign up to accept EAP members?**
  - All Optum-contracted therapists may provide, and submit claims for, EAP services.
  - Optum does not have a separate EAP network, so there is no additional credentialing or contracting required to provide EAP services.
  
- 4. What are the requirements for delivering EAP services?**
  - Optum does not have a separate EAP network so there is no additional credentialing or contracting required for Optum network clinicians in order to provide EAP services.
  - Authorizations for EAP services are required and must be initiated by members or network clinicians prior to the first appointment.
  
- 5. Do I need any special certification in order to provide EAP services?**
  - No, all Optum-contracted therapists may provide, and submit claims for, EAP services.
  - If you do have specialized training or certification for EAP, you can have this added to your profile by logging into [providerexpress.com](http://providerexpress.com) and attesting to an Employee Assistance Program specialty.

### Billing & Reimbursement for EAP Services

- 6. Are EAP claims paid at the same rate as other mental health / substance use services?**
  - Yes, contracted rates are the same for EAP services as for routine outpatient therapy services.
  - Optum will pay you directly at your contracted rate for authorized counseling sessions – there is no need to collect copayment or coinsurance from the member for EAP services.

## Employee Assistance Program (EAP)

**7. Is there a financial responsibility on the part of the member, such as a co-pay or deductible?**

- EAP services are a benefit paid for by the client's employer. The member has no financial responsibility—no deductible, co-payment or coinsurance amount.
- Optum will pay you directly at your contracted rate for authorized counseling sessions.

**8. What CPT codes can I use for EAP services?**

- Optum allows the following EAP procedure codes:

90832HJ	-	30-37 min individual therapy
90834HJ	-	38-52 min individual therapy
90846HJ	-	Family therapy without the patient in attendance
90847HJ	-	Family therapy with the patient in attendance
90853HJ	-	Group therapy other than family

- **Note:** extended therapy visits (90837) are not covered by Optum EAP.
- There are occasions in which a formal diagnostic assessment (90791) is covered. Please contact us to discuss these scenarios by calling the number on the back of the member's insurance card.

**9. Do I need to include any special modifiers on the CPT code for EAP?**

- Yes, all EAP Claims must include an HJ modifier following the CPT code to be processed and paid correctly.
- When billing on providerexpress.com providers will be prompted to select BH or EAP. When selecting EAP, the HJ modifier will automatically populate.
- If the services are provided virtually, (i.e., via telephonically or by video conference) the GT modifier must also be included on the claim.

**10. Can EAP claims be submitted electronically?**

- Yes. EAP claims can be submitted on Provider Express by using Claim Entry and choosing the EAP option.
- EAP claims can also be submitted via a CMS-1500 claim form using the standard "HJ" modifier in section 24D.

### Authorizations

**11. Are authorizations required for EAP services?**

- Yes, authorizations for EAP services are required and must be initiated by members or network clinicians prior to the first appointment.

**12. How do I obtain an authorization for EAP services?**

- To request authorization, call the behavioral health number on the back of the member's insurance card.

**13. Can the member obtain the authorization for EAP services?**

- Authorizations may be initiated by either the member or the contracted provider prior to the first appointment.

## Employee Assistance Program (EAP)

### 14. How do I know if the EAP service has been authorized?

- EAP authorization letters are sent directly to the member via e-mail or United States Postal Service mail.
- When a member presents for EAP services, inquire about the EAP authorization code number, effective dates and expiration dates, and whether any of the authorized visits have already been used.
- You may also call the behavioral health number on the back of the member's insurance card to request or verify an authorization.

### Other questions

### 15. Why should I even accept EAP members?

- As the EAP services are a benefit paid for by the client's employer, the member has no financial responsibility—no deductible, co-payment or coinsurance amount. This helps get members the care they need, with no out-of-pocket expense.
- Accepting employee-assistance program (EAP) members builds your practice and creates positive word-of-mouth referrals.

### 16. Can EAP services be provided virtually?

- Yes, EAP services can be provided virtually.
- Our virtual visits technology platform is available for use with no licensing cost or monthly fee for our network providers or Optum members, and can be used with virtually all payors, not just Optum members. For more information on virtual visits, [please go here](#).
- If the services are provided virtually, (i.e., via telephonically or by video conference) the GT modifier must also be included on the claim.

### 17. Are EAP services confidential?

- Yes. EAP services, while paid for by the member's employer, remain confidential.

### 18. What happens after the initial 3-5 EAP visits?

- Many members who have EAP benefits through Optum also have Optum insurance, allowing for a smooth transition into ongoing counseling once a member has exhausted their EAP sessions.
- Once a member has exhausted their EAP sessions, you may continue to see the member under their behavioral health benefit.
- Note that once a member's benefits have transitioned from EAP to MH/SUD coverage, his or her financial responsibility will vary according to the member's Benefit Plan. The member may be responsible for a deductible, co-payment and/or co-insurance amount.
- The services a member receives are subject to the terms and conditions of the Benefit Plan with which he or she participates. It is important that you inquire about what services are covered and the member's enrollment status before providing services.

## Employee Assistance Program (EAP)

### **19. What happens if the member does not have MH/SUD coverage through Optum?**

- Once a member has exhausted their EAP benefit, it is important that you inquire about what additional services are covered and the member's enrollment status before providing additional services.
- The services a member receives are subject to the terms and conditions of the Benefit Plan with which he or she participates, which may or may not be covered by Optum.
- We recommend that you discuss MH/SUD coverage with the member, and/or call the behavioral health number listed on the back of the member's insurance card.