

# Provider Step-by-Step Procedure

## Self Referral Process

Any eligible employee, spouse or dependent family member calls directly to any participating provider's office to seek WellSpan EAP services. Caller states they want to use their WellSpan EAP benefits.

Provider's office collects client's demographic information & employer group name. Provider's office checks WellSpan EAP Employer Group synopsis for available benefits (# of sessions available). Please call 1-800-673-2514 with any questions.

Provider's office schedules the appointment.

Provider asks client to sign the *Statement of Understanding* form during the first office visit. (can be found on our website)

Client completes EAP sessions allotted by employer.

Provider's office completes HCFA 1500 claim form outlining dates of service. (A *WellSpan EAP Referral & Invoice* form can be substituted if a HCFA 1500 is not used. This form is available online at [www.WellSpan.org/EAP](http://www.WellSpan.org/EAP)).

**Electronic Billing:** use Payor ID #CB457. Authorized billing codes are 90791 (Initial visit); 90834 or 90837 (Subsequent visit); 90846 or 90847 (Family session).

**Employer group must be entered in box 11.**

Provider's office submits *claim from* and signed *State of Understanding* for payment directly to WellSpan EAP by fax (717) 851-4493, mail or email to [wellspaneap@wellspan.org](mailto:wellspaneap@wellspan.org):

**EAP – WellSpan**  
**ATTN: Client Services**  
**P.O. Box 1827**  
**York, PA 17405-1827**

Client may decide to continue in treatment with the same provider through their medical plan.

## Formal Supervisory Referral

A WellSpan EAP representative calls the provider's office to coordinate a supervisory, or "formal", referral (sent to EAP by the employer to address specific job performance issues).

Provider agrees to take referral and schedules appointments with the client.

WellSpan EAP representative sends referral paperwork and *Statement of Understanding* form to be signed by the client at the first appointment.

After initial visit, provider faxes completed *Statement of Understanding* form directly to WellSpan EAP at (717) 851-4493.

A *Client Status Report* form is completed by the Provider and faxed to WellSpan EAP **after each visit** to WellSpan EAP at (717) 851-4493.