

EASI Form Instructions

In order to process your request for payment, please provide all of the following information.

MIS Number: Provide your Magellan provider MIS number. Your MIS number is the provider identification number assigned to you by Magellan. Your MIS number is printed on many materials you receive from Magellan including your contracting or credentialing material, and includes a bar code at the bottom of the document. Your MIS number is the first nine digits after the barcode (usually ending in “000”). Some contracting or credentialing documents refer to the MIS number as the “MBH Control No.”

TIN/SSN: Provider’s Taxpayer Identification Number (TIN) against which this reimbursement request is to be filed. Depending on how your practice is set up, this could be a federal TIN or your personal Social Security Number.

Question #1: This question requests specific information regarding session times. The maximum number of sessions that can be billed is indicated in the member referral packet.

Session Date(s): Use MM/DD/YY format.

Time Seen (in minutes): Indicate number of minutes spent with client during the session noted in session date.

Start Time of Appt: Record initial start time of session – use 24-hour clock format.

Number Present: Indicate number of participants present in the session.

Attendees: Check who was present for the session.

Question #2: Is this an interim or final bill? - Fill in *only one* circle.

Question #3: Race/Ethnicity - Fill in *only one* circle.

Question #4: Assessed Problem

= the *primary problem*. Fill in the circle that corresponds to the identified primary problem.

= the *secondary problem*. Fill in the square that corresponds to the identified secondary problem, if applicable.

Question #5: Referred to - Fill in *all* circles that apply. Alternative Level of Care includes, but is not limited to, residential and half-way houses.

Question #6: Statement of Understanding - Fill in the *one* appropriate circle.

EASI Form Instructions

Question #7: Client Satisfaction Survey/Feedback Card - Fill in the *one* appropriate circle.

Question #8: Productivity questions - Provide the answers to these questions based your evaluation of the client. If client is the *employee*, complete the appropriate questions for them (first three questions), and if client is a *dependent, retiree or other household member*, complete the question appropriate for them.

Question #9: Alcohol and Other Drug (“AOD”) screening completed - Fill in *only one* circle for “Yes” or “No” to indicate if a screening is completed.

Question #10: Risk of Harm

Threat of Violence (TOV) Level - See the Magellan EAP Handbook Supplement at www.MagellanHealth.com/provider for complete information and procedures on TOV.

Scale:

- 1 - Assessed; no indicators.
- 2 - Possible threat mentioned;
no current danger exists.
- 3 - Threat made;
possibility of violent action exists.
- 4 - Active threat of violence exists.
- 5 - Client is dangerous to self/others.

If the client’s TOV level is between 3 and 5, fill in the appropriate circle then answer questions a and b.

Duty to warn - Fill in the *one* appropriate circle for “Yes” or “No.”

Risk of harm - If a risk assessment was positive for workplace violence.

Question #11: Functioning - Fill in *one* circle for each level based on your assessment of the member at the first session and last session. While these questions are similar to the productivity questions, they are different and used for different purposes.

Question #12: Enter ICD-9 diagnosis. If there is a secondary and/or tertiary diagnosis, enter them here. ICD-9 diagnoses are very similar to DSM-IV diagnoses; however, ICD is required as it is a HIPAA compliant code set.

ICD-9 codes are used in order to be in compliance with HIPAA; the codes can be found in the DSM-IV appendix H. Providers can go to www.MagellanHealth.com/provider and choose “HIPAA” under the “Getting Paid” top-menu item for coding information.