

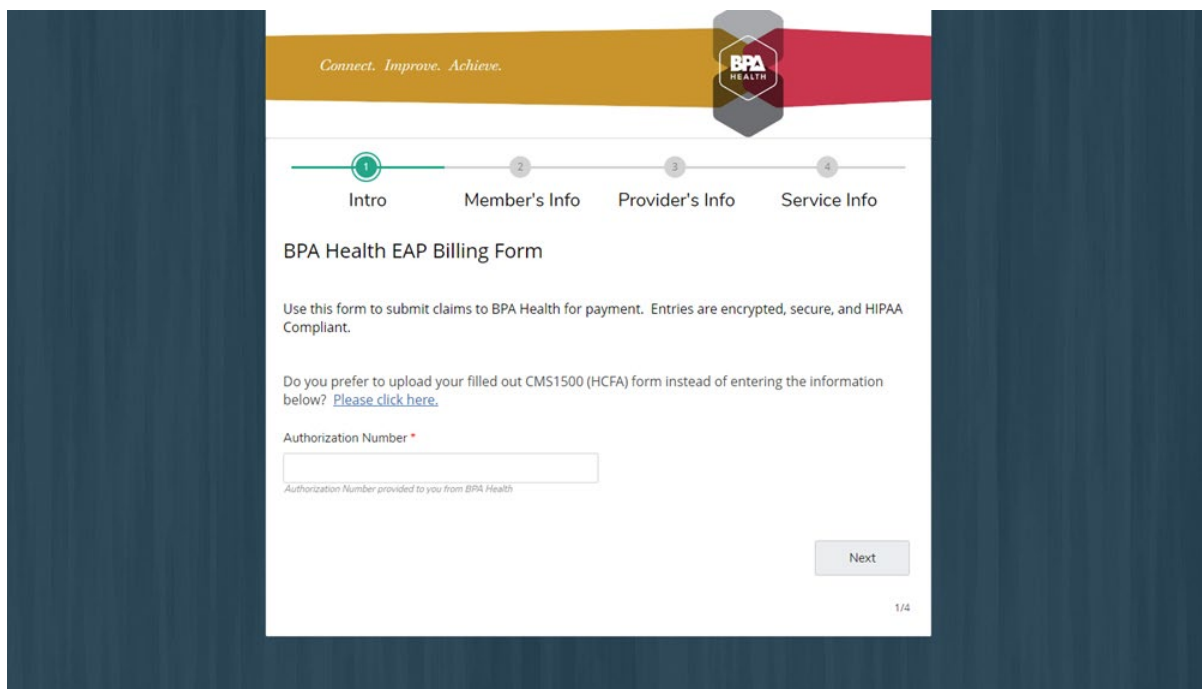
In order to improve BPA Health’s claims processes to allow for more automation and quicker processing times, we have created a new online billing form.

The look of the form is a bit different, but most of the information is the same. The purpose of this guide is to take you through some of the changes.

Please note: All required areas are marked with a red asterisk ‘\*’. These will help us correctly identify the client you are submitting the claim for.

Authorization Number: Can be found on the client's authorization letter. If you need a copy of the client's authorization letter, you can contact our Service Navigation department: (800) 726-0003

At the bottom of each section, hit “Next” to proceed.



The screenshot shows the BPA Health EAP Billing Form interface. At the top, there is a navigation bar with the slogan "Connect. Improve. Achieve." and the BPA Health logo. Below the navigation bar is a progress indicator with four steps: 1. Intro (highlighted in green), 2. Member's Info, 3. Provider's Info, and 4. Service Info. The main content area is titled "BPA Health EAP Billing Form" and contains the following text: "Use this form to submit claims to BPA Health for payment. Entries are encrypted, secure, and HIPAA Compliant." Below this, there is a question: "Do you prefer to upload your filled out CMS1500 (HCFA) form instead of entering the information below? [Please click here.](#)" Underneath the question is a text input field labeled "Authorization Number \*". Below the input field is a small note: "Authorization Number provided to you from BPA Health". At the bottom right of the form is a "Next" button. The page number "1/4" is visible in the bottom right corner.

Member ID/Policy Number: Can be found on the client's authorization letter. This is a BPA Health generated Member ID.

Connect. Improve. Achieve.

**BPA HEALTH**

1 Intro 2 Member's Info 3 Provider's Info 4 Service Info

Member ID/Policy Number \*

Member's Name \*

First Name Last Name

Member's Date of Birth \*

MM/dd/yyyy

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Provider NPI will allow us to correctly identify the correct provider.

1 Intro 2 Member's Info 3 Provider's Info 4 Service Info

Provider Name \*

First Name Last Name

Provider ID (optional)

BPA Health Assigned ID

Provider NPI \*

Provider Billing Tax ID \*

Business Tax ID

Provider Phone

xxx-xxx-xxxx

Provider Email

Provider's Service Location \*

Provider's Service Location Address Line 2 \*

Provider's Service Location City \*

The claim information is filled out here. Accepted claim codes are below the claim entry section. To add multiple dates, click on the green (circle with plus inside) “+” to the left of the CPT Code box.

1 Intro 2 Member's Info 3 Provider's Info 4 Service Info

Claim(s)

CPT Code *	Modifier	ICD Code	Service Date *	Billing *
<input type="text"/>	.95 for telehealth	<input type="text"/>	<input type="text"/> <small>MMdd/yyyy</small>	<input type="text"/>

Total: 0

Accepted Claim Codes:

- 90791 - Diagnostic Interview
- 90832 - 16-37 Min. Therapy
- 90834 - 38-52 Min. Therapy
- 90837 - 53+ Min. Therapy
- 90847 - Family Therapy
- 90853 - Group Therapy

Telehealth Modifier:  
.95

Is the service address different than the mailing/billing address?  
 Yes

Mailing/Billing Address \*

Mailing/Billing Address Line 2 \*

Mailing/Billing City \*

If you wish to receive a confirmation email of your claim submission, you can enter your email after the Mailing/Billing Address.

.95

Is the service address different than the mailing/billing address?

Yes

Mailing/Billing Address \*

Mailing/Billing Address Line 2 \*

Mailing/Billing City \*

Mailing/Billing State \*

Mailing/Billing Zip \*

If you wish to receive a confirmation email with a copy of your claim submission, please enter your email address here:

Claim Notes to BPA Health

Form(s) may be submitted online through this form by hitting "Submit". CMS 1500 forms can be submitted on this form, via mail to BPA Health 8050 W Rifleman St, Suite 100, Boise, ID 83704 or via fax at 208-344-7430. For questions, please call the

You can now either review or submit your claim!

Form(s) may be submitted online through this form by hitting "Submit". CMS 1500 forms can be submitted on this form, via mail to BPA Health 8050 W Rifleman St, Suite 100, Boise, ID 83704 or via fax at 208-344-7430. For questions, please call the Claims Department at 208-947-1275 or email [claims@bpahealth.com](mailto:claims@bpahealth.com).

**60 Days to Submit**  
All claims must be submitted within 60 days from the date of service. Claims submitted after 60 days will be denied. Denials can be appealed following our appeal process found here [appeals process](#).

**Insufficient Information**  
Claims submitted with insufficient information will be returned and may be re-submitted after they have been corrected. All clean claims will be processed within 30 days.

**Provider Reimbursement**  
Claims will be processed in accordance with contract and benefit guidelines. An EAP session is reimbursed at the provider contracted rate for EAP services. In accordance with contract guidelines, payment for EAP services is considered payment in full, and the provider may not balance bill the client for services rendered. No shows and late cancellations are not a reimbursable expense.

**EFT Payment**  
To sign up for direct deposit/EFT payment, please fill out this form: [Direct Deposit Signup](#).

**Provider Address Change**  
Let us know if your address has changed by completing this form: [Provider Change of Address](#).

**Privacy Statement**  
NOTICE: THIS ELECTRONIC MESSAGE TRANSMISSION, INCLUDING ANY ATTACHMENT(S), CONTAINS INFORMATION WHICH MAY BE CONFIDENTIAL OR PRIVILEGED. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL(S) OR ENTITY(IES) NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, PLEASE BE AWARE THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR USE OF THE CONTENTS OF THIS INFORMATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS ELECTRONIC TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY THE SENDER AND DELETE THE COPY YOU RECEIVED, INCLUDING ANY ATTACHMENT(S).

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**Should you have any questions or concerns during the claims process, please reach out to BPA Health's Claims Department or Provider Services Department.**

**Claims Department:**  
[claims@bpahealth.com](mailto:claims@bpahealth.com)  
208-947-1275

**Provider Services Department:**  
[providerrelations@bpahealth.com](mailto:providerrelations@bpahealth.com)  
1-800-688-4013