Optum MnFIRE Gearing Up for Health

Frequently Asked Questions

MnFIRE Assistance Program

How does Optum determine expertise in working with firefighters?
Clinicians must have police/firefighter **and** first responder area of expertise indicated on their Optum profile.

Is the Employee Assistance Program (EAP) limit 5 visits per family or per family member?
Optum allows virtual and/or in-person visits with MnFIRE network clinicians with expertise in treating firefighters for up to **5** visits per member, per diagnosis, per year.

Are there exceptions to the 5 visit per year limit?
The firefighter or family member can switch to their medical plan for coverage of additional visits. Providers can call MnFIRE **1-888-784-6634** to inquire about securing additional visits.

Is this program for all MnFIRE individuals whether part- or full-time?
Yes, the program is designed for anyone that is an active firefighter/first responder including volunteer firefighters.

Can an individual utilize their MAP benefit and then EAP if they have those or is it only one or the other?
Yes, if a firefighter or their family member has a medical plan, they can opt to utilize the EAP services under their medical plan.

Is the reimbursement $150 for all diagnosis codes?
Yes, all codes are reimbursed at the same rate for all license levels.

What is the phone number for MnFIRE support?
1-888-784-6634

Does the 5-day rule mean that it is expected that an appointment is set up within 5 business days?
Yes, Clinicians in the MAP network are expected to accept eligible firefighters and their family members within 5 business days of the appointment request.

Why are codes 90791 and 90837 not included as a reimbursable code?
EAP is a health and wellness benefit paid by an employer and is designed to provide assessment and referrals and brief counseling interventions. The typical EAP benefit offers a limited number of sessions with a mental health or substance use disorder clinician.

Will Optum provide the DX to use when submitting a claim?
No, Optum will rely on the provider's expertise in determining the proper diagnosis.

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Will the provider get a copy of the authorization letter?
The member/family member will receive an authorization number and a copy of the authorization letter by mail or email. Optum will not send the letter to providers, but providers can log in to the Provider Express secure portal or call **1-866-694-9662** for authorization details. Members can also get an authorization number on Liveandworkwell.com using the access code MnFIRE.

Are virtual visits covered?
Yes, If the services are provided virtually via telephone or video conference, the 02 Place of Service Code must also be included on the claim.

Can back-dated authorizations be given?
No, firefighters and their family members must utilize the MnFIRE Hotline and go through the assessment process to obtain an authorization prior to their first appointment.

Can the providers obtain the assessment information that takes place during the time of the call?
No, unfortunately that information is not provided to the rendering provider.

How does a provider determine if they are part of the network?
Provider can check their practice profile on the Provider Express secure portal or by contacting their dedicated provider relations advocate.

Does the assessment screening that is completed by Optum include possible disassociation?
No, the assessment does not include possible disassociation.

Is PTSD required for program participation?
No, PTSD is not required for the program.

Will there be reimbursement for no shows or late cancels?
No, Optum standard policy for no shows or late cancels will apply.

Software requires providers to do an assessment and bill 90791 with new patients. How are they supposed to override their software?
Optum recommends contacting the software support team.

Will providers be required to detail MAP sessions for worker's compensation cases?
No, the MAP sessions are confidential, and the information will not be shared with workers' compensation cases.

Can a claim be submitted without a diagnosis code?
No, all claims require a diagnosis code for claim processing.

What payor ID should be used for claim submissions?
Please use the payer ID 87726.