

Client's Guide to Verifying Insurance Coverage

Have your insurance card nearby.

Call the number on the back of your insurance card and speak with a customer service representative since the automated benefits line does not always explain Behavioral Health benefits.

A. Verifying Benefits

Say: "I need my benefits for Outpatient Mental Health with in-network **and** out-of-network providers."
Please Note: Cedar Tree Counseling is only considered an in-network provider for Blue Cross Blue Shield PPO.

- "What is the effective date of coverage?"
- "What is the annual deductible?" "How much has been met to date?"
- "What is the percentage paid after deductible is met?"
- "What is the co-payment or co-insurance amount for the following CPT codes:
90791, 90837, 90785, 90834, 90847, 90846
- "Is referral from Primary Care Physician or Medical Group required?" (This typically applies for HMO). If this is required, only the member/client is authorized to obtain this referral and should be done before beginning services.
- "Where do we mail Behavioral Health claims?"
- "Is precertification required?"
If so, transfer to Authorizations Department and follow guidelines under Section B.

B. Obtaining Authorization/Precertification

- Know your therapist's name and credentials and mailing address. To obtain this information, click one of the locations below to access our team of therapists.
 - [Geneva Therapists](#)
 - [Hinsdale Therapists](#)
- "What is the authorization number?"
- "What is the authorization start date and end date (Be sure to disclose your first session date, so it will be included in the authorization.)
- "How many sessions are authorized?"
- "Where do we mail claims?" (IMPORTANT: This is often a different address than the one used in cases where pre-certification is NOT required).