Client’s Guide to Verifying Insurance Coverage

Have your insurance card nearby.
Speak to a customer service representative, as the automated benefits line does not always include Behavioral Health benefits.

A. Verifying Benefits

“I need my benefits for Outpatient Mental Health with in-network and out-of-network providers.”

Please Note: Cedar Tree Counseling is considered an Out of Network Provider of Mental Health Care.

• “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?” (Usually HMO)
(If this is required, only the member/client is authorized to obtain this referral and should follow through accordingly.)
• “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. (See top of page)
• “What is the authorization number?”
• “What is the authorization start date and end date (Be sure to disclose your first session date, if you know it, so it will be included in 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 precertification is NOT required).