

Northwest Behavioral Health Services

415 W. Golf Rd, STE 16
Arlington Heights, IL 60005



INSURANCE VERIFICATION CHECKLIST

Please use this checklist to find verify your mental health benefits. Please ask about the codes specific to the service(s) you are seeking, which are listed below, to insurance representative. The number for member services is on the back of your insurance card. Please note that your medical insurance company *may* be different than your behavioral health company. In most cases, this is determined by your employer, not the medical insurance company. NWBHS's National Provider ID # is 1770609315.

Psychotherapy Procedure Codes:

90791 Intake Y or N
90832 30 Min. session Y or N
90834 45 Min. session Y or N
90837 60 Min. session Y or N
90846 Family session Y or N
90847 Family session Y or N
90853 Group session Y or N

Testing Procedure Codes:

90791 Intake Y or N
96132 60 Min. session Y or N
96136 Testing Y or N
90837 Follow up Y or N
90834 Follow up Y or N

Applied Behavior Analysis: (Intensive behavioral therapy for Autism Spectrum Disorder)

97151	97152	97153	97154	97155	97156	97157	97158
Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

1. Are there any mental health diagnoses excluded(e.g., Autism Spectrum)? Y or N Which ones _____
2. Are there yearly limits on the number of visits allowed? Y or N _____
3. Do BEHAVIORAL HEALTH benefits go through a separate company? Y or N _____
3. What is the claims mailing address for BEHAVIORAL HEALTH? _____
4. What is the payer id? _____
5. What is my deductible? _____
6. What has been applied to my deductible? _____
7. Is there a co-insurance amount? Y or N If so, what percentage for OFFICE VISIT? _____
8. Is there a co-pay per visit? Y or N If so, how much? _____
9. Is pre-authorization required? _____
10. May I have a reference number for this call? _____

Please bring the completed form to your appointment. If there is an insurance issue, please call our office 847-577-0904 ext 108.