

Am I Covered?

HOW TO CHECK YOUR NETWORK COVERAGE

Step 1: Call

Locate the telephone number on your insurance card designated for Behavioral Health/Mental Health (BH/MH) or Member Services.

Need Help?

- ✓ If there is not a designated BH/MH number, call the health plan's customer service to check your benefits for both PHP and IOP programs.
- ✓ Referencing a "CPT procedure code" will help your health plan representative find the services faster. The PHP CPT code is **H0035** or **G0411**. The IOP CPT code is **S9480**.

Step 2: Confirm Your Coverage

Confirm if Compass Health Center is "in-network" with your insurance company.

Please Note: If we are not in-network, we will not be able to provide estimates for what you will pay for our services. Your insurance company will decide your payment based on their own criteria. This will vary based on your insurance company and plan.

Need Help?

- ✓ Providing our "Network Provider ID #" may be helpful to confirm if our facilities are covered by your insurance company. Here is a list of Compass' Network Provider ID #'s:
 - Northbrook NPI # 1144515156
 - Chicago NPI # 1700273570
 - Oak Brook NPI # 1295379972
 - Virtual NPI #1700273570
 - Silver Spring Maryland NPI# 1902551088
- ✓ If you aren't sure what questions you can ask your insurance company, feel free to use our "key questions" to help guide the conversation.

Key Questions to Ask Insurers

1. Is my insurance In-Network or Out-of-Network?
2. Does my insurance require a referral for services?
3. What is my deductible?
4. What have I met toward my deductible so far?
5. What is my coinsurance? (What is the percentage I am responsible for?)
6. Is there a co-pay for this service? (Is there a dollar amount per day that I will pay?)
7. Do I have an individual out-of-pocket maximum? (Is there a point where the insurance company pays 100%?)
8. What have I met toward that individual out-of-pocket so far?
9. Is there a benefit maximum? (Is there a limit to the number of days that the insurance company will allow?)
10. Important to note that when the insurance company tells you that you do not have a benefit maximum, this may be very different from what they authorize as considered medically necessary.
11. If you have a benefit maximum, outpatient visits (with therapist or psychiatrist) are combined with IOP and draw from the same maximum benefit.



Additional Information

How do we work with your insurance company?

The Utilization Review Staff at Compass Health Center works to ensure that the patient's admission and ongoing treatment is authorized and recognized by the insurance company as necessary medical treatment. However, there is no guarantee that all admissions and treatment will be considered "medically necessary" and covered by a patient's insurance plan.

Whether you have insurance that is "in" or "out" of our network, we coordinate with your insurance company in several time-sensitive stages as follows:

1. **Pre-Authorization:** Upon admission to Compass Health Center, we make the initial phone call to your insurance company, so your coverage is "pre-certified or pre-authorized" in a timely manner.
2. **Concurrent Reviews:** Working closely with the clinical team, we confirm that patient progress and needs are conveyed to your insurance company whereby we request additional days to be authorized if recommended by the clinicians.
3. **Changes in Level of Care/ Discharge:** Alerting the insurance company of changes in level of care or discharge.

Upon calling your insurance company for Pre-Authorization, the Utilization Review Staff will also request your benefits. However, we strongly urge the insurance holder to check their behavioral health benefits for PHP and IOP eligibility. We are happy to answer your questions as well as provide the necessary codes to obtain information from your insurance carrier.

DISCLAIMER

The information that we gather is not a guarantee of your actual benefits for the date on which the services are rendered or a guarantee of coverage by your insurance company. Further, a description of benefits is not an acknowledgement that your premium has been paid, that your deductible has been met, or that the payment of your claim has been approved. All claims are subject to medical necessity and other contract limitations and provisions. It is the sole responsibility of the patient and/or subscriber to check their benefits with their own insurance company for accuracy. Compass Health Center and its officers, directors, therapists/providers, employees, staff, and agents will not be held responsible for the result of any Utilization Review and coordination of coverage.

Contact Information

If you have questions about insurance coverage or billing that were not answered by our team or your insurance provider, please contact our team at billing@compasshealthcenter.net or call 773.739.5600.

How will I be billed?

BILLING PROCEDURES

There are **two (2) separate charges** associated with our services. Each will be billed separately.

1. Facility
2. Professional

In-Network/Out-of-Network patients: Claims are filed once a week. You will receive a monthly statement. You can manage and authorize payments on Instamed.com where your billing card is stored securely. While Compass Health Center is not an inpatient hospital setting, the service we provide is acknowledged by the insurance company as inpatient due to the level of care during treatment. To comply with insurance billing requirements, PHP claims will be processed as inpatient.

Self-Pay patients: Facility and professional charge invoices are prepared weekly. The credit card you provided will be charged on Mondays for the prior week.

1. Facility Services

Facility	Services
IOP	<ul style="list-style-type: none"> ✓ Group therapy sessions ✓ Individual meetings with a primary clinical therapist ✓ Family therapy sessions (as clinically indicated)
PHP	<ul style="list-style-type: none"> ✓ Group therapy sessions ✓ Individual meetings with a primary clinical therapist ✓ Family therapy sessions (as clinically indicated) <p>Additional Child and Adolescent Services:</p> <ul style="list-style-type: none"> ✓ Sessions with an educational specialist as well as collaboration with the school ✓ Re-entry meeting with school if necessary (virtual or in-person)

2. Professional Services

Professional Type	Services
Intake	<ul style="list-style-type: none"> ✓ Initial clinical assessment
Psychiatrist/Nurse Practitioner	<ul style="list-style-type: none"> ✓ Follow up visits as needed ✓ One initial evaluation