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Predeterminations

A predetermination is a pre-treatment or pre-purchase estimate for health and dental claims, that can help you make more informed decisions.

Whenever the total cost of a medical or dental service or supply is significant or eligibility is uncertain, it is recommended that a predetermination be submitted to your insurance carrier prior to the service being performed or the supply being purchased. This process will determine the extent of benefits provided under the plan and establish the amount of coverage available. It will also ensure that the appropriate conditions and practices are being met in order to ensure eligibility of the supply or service.

Most dental offices will submit predeterminations on your behalf, where applicable. Medical predeterminations often require the plan member to submit information from their physician and/or supplier of the service or supply.

Keep in mind that:

- Payment of a predetermined amount is dependent upon continued employee eligibility.
- If a plan member or dependent is covered under more than one group benefits plan through coordination of benefits, predeterminations should be obtained from all plans, in order to determine the full extent of benefits coverage, according to the coordination of benefits submission guidelines.