



BlueCross BlueShield of Illinois

Re: Reminder Notice for Predetermination of Benefit Services

Dear PPO Member:

It is important to know whether a recommended medical service will be covered by your medical plan. To determine whether benefits will be available for a test or procedure after the plan deductible, contact Blue Cross and Blue Shield of Illinois (BCBSIL) for a predetermination of benefits. This process* reviews the medical necessity of tests and procedures in advance of your receipt of medical services so that you can avoid having unexpected expenses if a test or procedure is not covered under the plan. Because most medical procedures and tests are non-emergencies, you will want to discuss alternatives with your physician or budget for them particularly when 100 percent of the cost will be your responsibility. You or your physician might consider comparing your clinical circumstances in light of the BCBSIL Medical Policy statements about these and other services. BCBSIL Medical Policy can be found on the Internet at www.bcbsil.com. Choose the provider option, and look for “medical policies” in the provider library.

Although you can request a predetermination for any medical service, listed below are some common services that are more likely, based upon historical data, to be determined not medically necessary or unproven, either generally or under certain circumstances, and therefore not covered by your medical plan.

- Abdomioplasty
- Autologous Chondrocyte Implant
- Avastin (chemotherapy)
- Bariatric surgery
- Blepharoplasty / Ptosis repair
- Bone growth stimulators
- Botox
- Breast MRI
- Breast Reduction
- Brachytherapy
- Cryoablation or Radiofrequency Ablation
- CT angiogram
- Chelation Therapy
- Dental Implants
- Depo Provera
- Enhanced External Counterpulsation (EECP)
- Extracorporeal Shock Wave Treatment (ESWT)
- Growth Hormone
- Intensity Modulated Radiation Therapy (IMRT)
- Intravenous Immune Globulin (IVIG)
- Lipectomy/ Liposuction
- Nasal Surgeries
- Peripheral Nerve, Vagus Nerve or Spinal Cord Stimulator



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- Orthotics
- Ostetomies
- Osteochondral Autograft Transfer System - OATS procedures
- Panniculectomy
- PET scans
- Proton Beam therapy
- Sacroiliac (SI) joint injections
- Tysabri
- Varicose vein procedures

*This is **not** an all-inclusive list, so always consider whether predetermination is appropriate for other services.*

A predetermination is appropriate even if you were approved for the same test or procedure previously because your particular health circumstances, medical necessity standards, or the terms of the plan may have changed. Changes in these areas can result in a denial of benefits even if the test or procedure was previously covered. Quotations of benefits and/or the availability or extent of coverage are not a guarantee of payment. Payment is subject to actual information and charges submitted.

Your medical plan is designed to provide coverage for certain covered services that are determined to be medically necessary. Your medical plan does not make treatment decisions. That is between you and your doctor. Consult your doctor to determine whether waiting for a test or procedure until a predetermination can be made is appropriate in your circumstances.

For your convenience, we have enclosed a Q&A on the predetermination process. If you have additional questions, or if you would like more details about your coverage, you can contact BCBSIL toll-free at (800) 516-1268.

Sincerely,

Blue Cross and Blue Shield of Illinois

* Predetermination requests should be completed in 30 days or less, assuming all necessary information has been received. However, the review may take longer if additional information is requested. Quotations of benefits and/or the availability or extent of coverage are not a guarantee of payment. Payment is subject to actual information and charges submitted.



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Questions & Answers

What is the predetermination of benefits process?

The predetermination of benefits process provides you with a medical necessity determination of certain tests and services your doctor has requested for you before they are performed.

What is the value of the predetermination of benefits process?

The only way to know with certainty whether a test or procedure will be covered is to contact Blue Cross and Blue Shield of Illinois (BCBSIL) for a predetermination of benefits. This process* reviews the medical necessity of tests and procedures in advance of your receipt of medical services so that you can avoid having unexpected expenses if a test or procedure is not covered under the plan.

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How does the predetermination process work?

When you contact BCBSIL, provide the name of the service you are requesting to be covered. Based on the specific service requested, BCBSIL will then contact your physician to obtain the appropriate medical documentation to support the need for the service. BCBSIL's Medical Review Department will review and evaluate the information provided. You and your provider will receive a written response to your request within 30 days.

I had an MRI 18 months ago and had the medical necessity evaluated by BCBSIL. Now my doctor wants me to have another MRI. Do I have to request another pre-determination of benefits?

Yes. Your need for another MRI may be different than the original reason your doctor asked you to have one 18 months ago. To ensure that the current request for an MRI will be covered by your benefits plan, you need to request a new pre-determination of benefits.

What is the difference between the predetermination of benefits process and the precertification requirement for certain services?

This predetermination process evaluates the medical necessity of tests and procedures in advance of your receipt of services so that you can avoid unexpected expenses in the event that a test or procedure is not covered by your medical plan. Although this process is highly encouraged, it is not required.

The precertification requirement, also known as preadmission certification or preadmission review, is the process of requiring you to obtain certification or authorization from BCBSIL for routine hospital admissions (inpatient or outpatient). The process often involves appropriateness review against medical criteria and the assignment of the length of stay.

The list in the letter does not include a test my doctor asked me to have. How do I know if the test is included in the predetermination of benefits process?

If you are not sure if the predetermination of benefits process applies to a test or service your doctor asks you to have, check your benefit plan coverage details or contact BCBSIL toll-free at (800) 516-1268.

Where can I find BCBSIL Medical Policies?

Medical policies are available on the BCBSIL Web site at www.bcbsil.com. At the top of the home page, click on Providers. Under the link to Provider Library, you'll find Medical Policies.