

Predetermination of Benefits for Outpatient Services

Developed by the Network Management Communications Department

What is a Predetermination of Benefits?	When does a predetermination need to be requested?	What are predetermination approvals and denials based upon?	Predetermination Workflow
<p>Predetermination of benefits is a written request for verification of benefits prior to services being rendered.</p>	<p>A predetermination of benefits is recommended when the service could be considered experimental, investigational, or cosmetic.</p>	<p>Predetermination approvals and denials are based on provisions in our medical policies.</p> <p>Medical policies located on our Web site may also be used as a guideline to determine what documentation is required with the request.</p> <p>www.bcbsil.com/provider. Click Medical Policies located in the Provider Library</p>	<p>Requests are made using the Predetermination Request Fax Form located on the Provider Web site at www.bcbsil.com/provider. Click on Provider Library and select Forms. Complete and fax all requests to (800) 852-1360.</p>
			<p>If a fax number is provided on the Predetermination Request Fax Form, BCBSIL will notify the provider via fax when the final determination/outcome has been reached. A letter is also mailed to the provider with the final determination/outcome.</p>
			<p>Providers must also verify eligibility and benefits because a predetermination approval does not guarantee payment for services, since benefits are also subject to eligibility and coverage limitations at the time services are rendered.</p>

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