

Plan Ahead For Your Medical Care

Category : Benefits

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In non-emergency situations, you have the opportunity to plan ahead for your medical care to ensure you maximize your benefits (and not incur higher out of pocket amounts). What should you do?

- **Make Sure Recommended Treatment is Covered**

If there is any question whether a treatment or service is covered under your benefit plan, have your physician call your medical claims administrator to obtain pre-determination. (The contact number is on your medical claimed card.) Please be sure the physician gives the administrator the specific claim codes for the treatment or service. With a simple phone call your physician can provide the information required to determine up front whether the service or treatment is covered, under what circumstances, and if there are any other requirements for your coverage. (Should the physician decide a different procedure code is required after obtaining the initial determination; the pre-determination is no longer valid.) Once claims are submitted for payment and processed per the plan terms benefits will be payable based on the eligible expenses and your plan provisions.

- **Check That Your Providers or Facilities Are In-The-Network**

If you are enrolled in a Network plan, make sure all the providers or facilities you are using participate in your medical claims administrator's network. This may include physicians, hospitals, physical therapists, lab and x-ray providers. Using your claims administrators network of providers equals lower out of pocket costs. Remember, provider networks may change throughout the year so this simple step will make sure you get your maximum benefits. Checking whether a provider or facility participates in your network is easy, and information can be found by accessing your medical claims administrator's website or by calling the customer service number on your medical card.

Planning ahead helps you better manage your benefits and it could save you money