

# Pre-Authorization & Pre-Determination Process

A guide for when OrthoFi's Insurance Specialists verify benefits and are informed that either a pre-authorization is required or a pre-determination is recommended.

**Note:** If you do NOT want to file a Pre-Determination, you still need to complete the actions below.

## Quick Process: Submitting Pre-Authorization or Pre-Determination Forms

### 1. Navigate to the Insurance Summary Page (ISP)

- a. Patient Detail Page → Insurance tab OR purple "i" icon

Patient: Kai Crow    New Communication    New Misc Charge

Contact: Add Guardian

Base Locations: Farnsworth Orthodontics: San Angelo

Payment Plans   Exams   Misc. Charges   **Insurance**   Communications   Ledger

+ New Exam

Exam Date	Exam Type	Location	Treatment Coordinator	Patient Next Steps		Status	
06/14/2022 12:00 PM	New	Farnsworth Orthodontics - San Angelo	Treatment Coordinator	P M <b>I</b> S	PC F	Kai Crow Kai Crow	Needs Attention    Action -

### 2. Start Submission

- a. Click the **Complete Pre-Auth/Pre-D** button

INSURANCE POLICY    POLICY TIMELINE

Blue Cross & Blue Shield - Dental Blue [🔗](#)

TERMINATED 1/1/2023 - PRIMARY [✎](#)

Policy on t **Pre Auth Required** COMPLETE PRE-AUTH/PRE-D

## Submitting Pre-Authorization or Pre-Determination Forms (Cont.)

### 1. Enter Benefit Amount

- Enter the verified amount
- If you are NOT filing a Pre-Determination, enter '0'

### 2. Upload File

- Click Select files → Upload Pre-Auth/Pre-D document
- If not filing, upload a blank document

### 3. Submit

Pre-Authorization

Patient: Kai Crow

Carrier: Blue Cross & Blue Shield - Dental Blue

Benefit Amount

\$ 1750.00

If you have the Pre-Authorization Response, upload it here and enter the correct benefit to continue. Otherwise, submit your estimated value to complete.

Click to select files

Submit

## Pre-Determination Recommended

- **Purpose:** Confirms exact benefits and patient responsibility before services are provided.
- **Not required:** Benefits may still be allowed if no Pre-D is filed.
- **Submission:** Practices send Pre-Determination forms directly to carriers.
- **Notes:** OrthoFi Insurance Specialists leave detailed guidance in the ISP Notes section.
- **Results:** Once the carrier responds, update via ISP. The Insurance icon will turn green, and estimated benefits will populate (always at the maximum amount).
- **Best Practice:**
  - Always use the **same procedure codes and fees** that will appear on the final insurance claim.
  - Build the **Treatment Plan** in OrthoFi accordingly.
  - Scan and upload all Pre-D forms to the ISP for OrthoFi's Claims Team reference.
- Practices may submit a Pre-D for **any patient**, regardless of OrthoFi's recommendation.

## Pre-Authorization Required

- **Purpose:** Insurance approval is required before treatment begins in order for benefits to be paid.
- **Notes:** OrthoFi Insurance Specialists provide specific requirements in the ISP (e.g., medical necessity, scoring index, x-rays).
- **Results:** Estimated benefits will not populate in the ISP until authorization is received.
- **Action:** Practices must submit Pre-Authorization forms directly to carriers. Once received, scan and upload to the ISP.

### Key Reminders:

- Always submit your Pre-Authorizations and Pre-Determinations with the same procedure codes and fees that you will submit on the insurance claim, and build your Treatment Plan in OrthoFi accordingly.
- Once received, **ALWAYS** scan and upload your Pre-Authorization and PreDetermination form to the Insurance Summary Page (ISP) for OrthoFi's Claims Team to have as a reference.
- Practices may submit a Pre-Determination for any patient, *regardless of OrthoFi's recommendation.*