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Receiving medical care seems to become more complex with each passing year. If you're like most people, you long for the days when going to the doctor seemed easier. You went to the doctors office, described the discomfort, the doctor diagnosed, prescribed the treatment and you were on your way.

There didn't seem to be this mound of paper work to deal with before and after the visit. It was easier for patients and medical providers.

Times have changed in medical care, at least in terms of the paperwork involved and few if any are happy about the increase in forms and documents that have to be completed to receive medical treatment. This includes not only the patient who needs medical attention but the admission folks at healthcare facilities and the medical staff who provide the treatment.

Precertification is one of those requirements that often results in frustration for patients and medical providers alike.

Precertification by definition is the authorization by your insurance company for a specific medical procedure before it is done. If you are fortunate enough to have insurance, you may feel like you should be covered for certain procedures without needing to ask permission from your insurance company before receiving them.

There are a number of reasons precertification exists.

According to some insurance companies, the primary purpose is to cause you to have your plan of care reviewed by the insurance company in an attempt to reduce the likelihood of medically unnecessary expense being incurred that would, after the fact, not be covered by the company, much to the dismay of you, the insured individual.

We could spend a great deal of time debating the pros and cons of precertification. The fact is most health insurance plans require precertification of certain procedures.

Not checking with your insurance company can cause anxiety on several levels and can increase your wait time when visiting a medical facility. For example, if your physician orders a CT scan and schedules a date for the scan, it may be necessary for the patient to contact their insurance company in advance of the appointment to pre-certify this procedure.

If the insurance company is not contacted in advance, it can result in a patient waiting at the clinic or hospital while the insurance company goes through the precertification process. This may cause scheduling issues for both patient and medical provider. If the procedure is done before precertification is received, it can result in the patient having significantly more out of pocket expense.

Some common procedures that insurance companies require pre-certification for include: non-emergency surgery, out-patient physical rehabilitation, inpatient hospice, CT scans, MRIs and more.

Each insurance company is different so if you need a non-emergency procedure it is highly recommended that you contact your insurance company before the day of the procedure and find out if pre-certification is required. A phone call ahead of time may save you a headache later.

The staff at Chase County Community Hospital and Clinics can to answer general questions about precertification. However, to know what your insurance company requires, you need to

contact your insurance provider.