

Medical Policy Updates

For criteria related to a medical decision, call Care Management at 877-342-5258, option 3. Medical policies are available at premera.com/wa/provider under Quick Links.

Policy changes are effective for dates of service May 18, 2014 and later:

7.01.551 Lumbar Spine Decompression Surgery: Discectomy, Foraminotomy, Laminectomy, Laminotomy

New policy. Beginning May 18, 2014, the plan will conduct medical necessity review for non-emergent lumbar spine decompression surgery — discectomy, foraminotomy, laminotomy, and laminectomy.

Medical necessity is established by documentation of symptoms, physical examination findings, and diagnostic imaging findings that demonstrate neural compression for which surgical treatment is indicated. A report from a recent lumbar spine MRI must be submitted.

The medical records also must show a trial and failure of conservative treatment, such as:

- Activity modification
- Oral analgesics
- Physical therapy
- Epidural steroid injections

A pre-service review is strongly recommended for all indications. If a pre-service review is not obtained, we will conduct a retrospective medical necessity review. Services that are not medically necessary will not be covered.

You can use our Prospective Review Tool to:

- Check if prior authorization is required or pre-service review is recommended
- Submit a new review
- Check the status of an existing review

Premera medical policies are guidelines used to evaluate the medical necessity of a particular service or treatment. We adopt policies after careful review of published, peer-reviewed scientific literature, national guidelines, and local standards of practice. Since medical technology is constantly changing, we reserve the right to review and update our policies as appropriate.

When there are differences between the member's contract and medical policy, the member's contract prevails. The existence of a medical policy regarding a specific service or treatment does not guarantee that the member's contract covers that service.



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Premera Blue Cross
P.O. Box 327
Seattle, WA 98111

026567 (02-2014) DIR# 5551

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
SEATTLE, WA
PERMIT NO. 2944