

# Medical Policy Updates

To request criteria related to a medical decision for your patient, call Care Management at 877-342-5258, option 3. Medical policies are available at [premera.com/wa/provider](http://premera.com/wa/provider) under Quick Links.

## Policy changes are effective for dates of service Dec. 1, 2013, and later:

### 7.01.549 Knee Arthroscopy, Adult

New policy. Effective Dec. 1, 2013. Knee arthroscopy for adults age 18 and older may be medically necessary when MCG™ guidelines, and additional criteria for ligament and meniscal injuries with concomitant knee osteoarthritis, are met. For these two indications a pre-service x-ray report, including a Kellgren-Lawrence assessment, will be required for all members age 50 and older. This information will also be required for any adult over 18 years old who has a history of osteoarthritis of the knee. Arthroscopic debridement and/ or lavage for knee osteoarthritis alone is considered not medically necessary, except as identified in the policy. We strongly recommend a pre-service review 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.

### [Save a Phone Call! Submit Pre-service Reviews Online](#)

Please use our newly enhanced online Prospective Review Tool for submitting and checking the status of pre-service reviews.

### [Requesting a Prospective Review -- Easy as 1-2-3](#)

Go to the provider website at [premera.com/wa/provider](http://premera.com/wa/provider), select the Prospective Review link, then the “Get Started Now” button.

Once you log in, the tool is as easy as 1-2-3:

- Step 1: Enter the member information.
- Step 2: Enter the date of service and procedure codes. If a code requires review, select Start Request.
- Step 3: Enter the diagnosis, provider, and contact information, and then select Submit Request.

Next you will be directed to a confirmation page where you can obtain a reference number and instructions for sending supporting

documentation. You can also check the status of reviews by either the reference or member number, see the review status for each code, and find out if additional information is required to complete the review.

See the Aug. 1, 2013, News Flash for more detailed instructions for using the tool. If you have questions, please call Physician and Provider Relations at 877-342-5258, option 4.

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.

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