

# 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](http://premera.com/wa/provider) under Quick Links.

## Additional Services Added to 2015 Prior Authorization List

The following services will require prior authorization for services Jan. 1, 2015 and after:

- Hysterectomy
- Knee arthroplasty and arthroscopy
- Percutaneous coronary intervention (non-urgent)
- Spine surgery / treatments, such as cervical spinal fusion and lumbar spine decompression
- Upper Gastrointestinal Endoscopy

These services are in addition to the current services requiring prior authorization. Prior authorization is based on member benefits and eligibility at the time of service and prospectively determines medical necessity and appropriateness of treatment.

Please use our Prospective Review Tool to check if pre-service review is required or recommended and check the status of an existing review. You can also review the 2015 Prior Authorization code list on the provider website at [premera.com/wa/provider/utilization-review/prospective-review](http://premera.com/wa/provider/utilization-review/prospective-review).

Medical

updates continued

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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