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.

New policy effective for dates of service Dec. 15, 2014 and later:

11.01.505 - Cervical Fusion
The plan will conduct medical necessity review for cervical spinal fusion. Cervical spinal fusion may be medically necessary when all of these criteria are present:

- Neurological findings
- Imaging studies (e.g., CT or MRI) indicate nerve root or spinal cord compression at the level corresponding with the neurological findings
- Patient has failed conservative therapy

A pre-service review is strongly recommended between December 15 and Dec. 31, 2014. Beginning Jan. 1, 2015 prior authorization is required. 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. For the full list of criteria and guidelines, review the medical policy on the provider website.

premera.com/wa/provider

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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