

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.

Additional Prior Authorization Services for 2016

We're adding services that will require prior authorization Feb. 15, 2016 and after. The following is a partial list of additional services:

- Cardiac devices: transcatheter aortic valve replacement (TAVR/TAVI) added
- Chemotherapy administration into the peritoneal cavity
- Cryosurgical ablation of tumors
- Extracorporeal photopheresis
- Gait trainers
- Gastric restrictive procedures
- Genetic testing
- Nasal/sinus surgery

- Nursing care in the home / private duty nursing
- Radiation therapy: high-dose rate electronic brachytherapy added
- Surgeries related to gender reassignment
- Surgical treatments for the temporomandibular joint
- Therapeutic apheresis
- Transcatheter occlusion or embolization for tumor destruction
- Vascular embolization or occlusion for tumors, organ ischemia or infarction

You can review the full 2016 Prior Authorization code list on the provider website at premera.com/wa/provider/utilization-review/prospective-review.

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 prior authorization is required or pre-service review is recommended and check the status of an existing review on the provider website at premera.com/wa/provider/utilization-review/prospective-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.

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