

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 Feb. 15, 2014:

7.01.550 Knee Arthroplasty

New policy. The plan will begin medical necessity review for knee arthroplasty, and pre-service review is strongly recommended for all indications. Services that are not medically necessary will not be covered. The policy will address degenerative joint disease (osteoarthritis), as well as other indications when MCG™ Care Guidelines are met. Below is a summary:

Degenerative joint disease:

- Documentation of disabling pain or functional disability.
- An x-ray report is submitted including a Kellgren-Lawrence (KL) rating:

- KL grades of 1 or 2 will be considered not medically necessary unless MCG criteria for other indications are met.
- For a KL grade of 3, documentation must show trial and failure of conservative therapies.
- For a KL grade of 4, the documentation must include an appropriate trial and failure of intra-articular steroid injections unless contraindicated.

Knee arthroplasty may be considered medically necessary for other indications when MCG Care Guidelines are met:

- Distal femur fracture repair in an elderly patient with osteoporosis
- Failure of a previous proximal tibial or distal femoral osteotomy
- Hemophilic arthropathy or limb salvage for malignancy
- Post-traumatic knee joint destruction
- Replacement (revision) of a previous knee arthroplasty in situations related to peri-prosthetic fracture, fracture of the prosthetic itself, or infection of the prosthetic. Other indications for revision will be reviewed for medical necessity.

8.03.502 Physical Medicine and Rehabilitation— Physical Therapy and Medical Massage Therapy

Policy change. Massage therapists will be required to keep the member's medical massage prescription on file instead of submitting it to the health plan. The prescription for medically necessary massage must come from a clinician who has prescribing authority. It must also specify a diagnosis and the frequency and duration (or number) of medical massage visits. The prescription must be kept in the member's massage therapy record; the plan may request a review of the prescription at any time, as noted in the Inspection and Audit provision of your contract.

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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