

Medical Policy Updates

New! We'll now send postcards as a more convenient way to inform you about our medical policy updates. A physician or provider can request specific criteria related to a medical decision for his/her patient by calling Care Management at 877-342-5258, option 3. Medical policies are available at Premera.com/provider, under *Quick Links*.

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

2.02.507 Coronary Angiography for Known or Suspected Coronary Artery Disease

New policy. Effective Oct. 1, 2013. Coronary angiography may be medically necessary when MCG™ guidelines (formerly Milliman Care Guidelines), along with certain modifications to these guidelines as specified in our Medical Policy, are met for **non-emergent** coronary angiography. We recommend a pre-service review to ensure that medical necessity criteria are met. **Non-emergent** coronary angiography procedures will be reviewed for medical necessity and, if not medically necessary, will not be covered.

2.02.508 Percutaneous Coronary Intervention/Angioplasty

New policy. Effective Oct. 1, 2013. These percutaneous coronary intervention (PCI)/angioplasty procedures may be medically necessary when MCG™ guidelines (formerly Milliman Care Guidelines) are met. Retrospective medical necessity review will be conducted for angioplasty, with or without stent placement, by PCI. Services that are not medically necessary will not be covered.

11.01.504 Adult Upper Gastrointestinal Endoscopy

New policy. Effective Oct. 1, 2013. Medical treatment with acid-suppression drugs or anti-H. pylori treatment is often effective. UGI endoscopy may be medically necessary if medical treatment does not work, or if abnormal UGI symptoms (alarm symptoms) or known UGI problems are present. UGI endoscopy is considered not medically necessary for routine screening of the UGI tract. We recommend a pre-service review to ensure that medical necessity criteria are met. Services that are not medically necessary will not be covered.

Positron Emission Tomography Scans

Effective Oct. 21, 2013. To help prevent over-exposure to radiation and inappropriate services, a pre-service quality review is recommended from AIM Specialty Health for PET scans. Full guidelines are at aimspecialtyhealth.com.

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.

Premera Blue Cross Blue Shield of Alaska
P.O. Box 327
Seattle, WA 98111

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
SEATTLE, WA
PERMIT NO. 2944



BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association