Medical Policy and Criteria
Premera Blue Cross Medicare Advantage Plans reviews all medical policies and criteria annually. The following policies are updated and available on the secure provider Medicare Advantage web page at premera.com/wa/provider/medicare-advantage/—simply click on the Get Started button.


- Blood Pressure Monitors: Added CMS language regarding home dialysis supplies provided to home hemodialysis and peritoneal dialysis patients.
- Breast Cancer: BRCA1 and BRCA2 Genetic Counseling and Testing Chek2 (checkpoint Kinase 2) Gene Mutation Analysis: BRACanalysis® Rearrangement Test (BART), BROCA1 Test, and BreastNext™, OncoVue®, and BREVAGen™: Language clarification surrounding PTEN test. See policy for coverage criteria.
- Capsule Enteroscopy in the Diagnosis of Small Bowel Abnormalities and Esophageal Disease: ICD-10-CM codes added to medical policy. Prior authorization required.
- Cancer: In Vitro chemoresistance and chemosensitivity assays: Added ChemoFX® as considered experimental and investigational and not covered.
- Defibrillators, Automatic, External: ICD-10-CM codes added to medical policy. Prior authorization required.
- Diabetes: Continuous Glucose Monitoring (CGM): Revised criteria to include children. See policy for coverage criteria. Prior authorization required.
- Eye: Blepharoplasty, Blepharoptosis, and Brow Lift: ICD-10-CM codes added to medical policy. Prior authorization required.
- Habilitation Services: CPT code 92506 has been deleted from the medical policy and replaced with CPT codes 92521, 92522, 92523, and 92524.
- Hand/Arm: Artificial Myoelectric Limb: Title changed/criteria revised. See policy for specific coverage guidelines. Prior authorization required.
- Knee: Viscosupplementation for Osteoarthritis: Changes to criteria and covered medications. See policy for coverage criteria. Prior authorization required.
- Knee Braces (Functional): Two new K-codes (K0901 and K0902 off-the-shelf braces) added to medical policy per Noridian CMS guidelines.
- Nerve Conduction Study: NC-STAT: CPT codes 95900, 95903, and 95904 have expired and been replaced by CPT codes 95907, 95908, 95909, 95910, 95911, 95912, and 95913.
- Nerve Conduction Study: Perception Sensory Threshold Testing: CPT codes 95900, 95903, and 95904 have expired and been replaced by CPT codes 95907, 95908, 95909, 95910, 95911, 95912, and 95913.
Lasik Procedure for Postoperative Correction of Surgically Induced Astigmatism and/or Anisometropia: ICD-10-CM codes added to medical policy.

Penicillin Allergy Testing (PREPEN): CPT code 95015 has expired and been replaced with CPT code 95017 and 95018.

Port Wine Stain Laser Treatment: ICD-10-CM codes added to medical policy.

Prometheus Therapeutic Diagnostics: All Tests: FibroSpect II has been removed from this policy. See policy for non-coverage criteria.


Skin Substitutes (Apligraf®, Dermagraft, Oasis®) for the Treatment of Diabetic Foot Ulcers and Venous Stasis Ulcers of Lower Extremities: Integra Dermal Regeneration Template (full-thickness thermal injury) has been added to this medical policy. See policy for specific coverage guidelines. Prior authorization required.

Therapeutic and Opioid Drug Monitoring: Policy revised to state “when performed by a laboratory and not in a physician’s office, quantitative urine drug tests are covered for confirmation of a positive screen and for suspicion of use of drugs that were not prescribed.”

Vest/Chest ABI Vest (ThAIRapy Vest) High-Frequency Chest Compression (HFCC) or High-Frequency Chest Wall Oscillation: ICD-10-CM codes added to medical policy. Prior authorization required.


Revised Medical Policy and Criteria: Effective March 1, 2015

Back: Epidural Steroid Injections, Cervical and Lumbar: This medical policy will not require prior authorization until March 1, 2015.


Cardiac: Counterpulsation for Severe Angina: G0166 removed from prior authorization list.

Skin: Dermal Regeneration Template (Integra): Regeneration Template (full-thickness thermal injury): Individual policy is retired, and added to the Skin Substitutes policy.


Cefaly Device for Treatment of Migraine Headaches: This home use device is a variation on the TENS unit for the treatment of migraine headaches. This device is considered experimental and investigational and will not be covered.

Colorectal Cancer Screening: FIT (fecal immunochemical test) and Cologuard: The Cologuard test is recently approved for use with members over the age of 50 with average risk of developing cancer, incorporating the FIT test. See policy for specific coverage criteria.

Liver: Non-Invasive Testing for Fibrosis: This policy includes FibroScan®, FibroSURE®, FibroMax, HepaScore, and Fibrotest-ActiTest™ for the diagnosis and management of liver disease, including Hepatitis C. See policy for coverage criteria.