



## **MEDICAL POLICY DISCLAIMER**

Date Reviewed: 07/23/04, 08/25/06, 11/16/07, 02/15/08

These guidelines are technical in nature and were written to assist WPS in making coverage determinations. These guidelines are designed for reference purposes only and do not guarantee coverage. These guidelines are used for making coverage determinations for persons with a specific condition. They should not be construed as medical advice.

WPS will consider each individual member's condition and unique circumstances in making coverage determinations and will make each determination on a case-by-case basis and according to the terms of the member's health policy or plan. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Therefore, medical policy is not an authorization, certification, explanation of benefits, or a contract. Benefits are determined by the member's or group health policy or plan and the subscriber certificate that is in effect at the time services are rendered.

This information is not an offer of coverage, solicitation of coverage, summary of coverage or guarantee of coverage. All products and coverage guidelines are subject to applicable laws and regulations. Member or provider coverage is contingent on all applicable terms, conditions, limitations and exclusions of the member's health policy or plan and provider plan documents.

Medical policies detail when certain medical services are medically necessary, and whether or not they are investigational. (For more information concerning medical necessity and investigational criteria, please see these specific policies.) Our medical guidelines are written to cover a given condition for the majority of people. Each individual's unique, clinical circumstances may be considered in light of current scientific literature. Medical guidelines are based on constantly changing medical science, and we reserve the right to review and update our policies periodically.

This disclaimer applies to all present and retrospective Medical Policies.

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*Approved by the Medical Director*