



## Provider Update

**Date: January 25, 2017**

**To: Well Sense Health Plan Network Providers**

The following Well Sense Health Plan medical policies have been updated, and the revised documents will be **effective April 1, 2017**:

1. Genetic Testing for Hereditary Breast and Ovarian Cancer Syndrome, OCA 3.57
2. Genetic Testing for Hereditary Colorectal Cancer, OCA 3.64
3. Intensity Modulated Radiation Therapy, Outpatient, OCA 3.81
4. Minimally Invasive Procedures and Associated Devices used to Treat Back Pain (Including Thermal Intradiscal Procedures, Interspinous Spacers, Interlaminar Stabilization Devices, and Minimally Invasive Surgical Procedures for Spinal Fusion and/or to Remove Disc Material), OCA 3.713
5. Skin Substitutes in the Outpatient Setting, OCA 3.710
6. Tube Fed Enteral Nutrition Products (Supplied and Billed by Home Infusion Providers) and Digestive Enzyme Cartridges, OCA 3.37

These policy and prior authorization requirements are applicable for all Well Sense Health Plan members. [All Well Sense medical policies are located on the Provider's page at \[wellsense.org\]\(http://wellsense.org\) under the Policies link.](#) If you do not have Web access, contact your Provider Relations Consultant for a copy of the policies.



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