

# Network Notifications

Massachusetts



Date: February 29, 2024 Number: 255

To: All WellSense Providers

From: WellSense Health Plan

Subject: **February Medical Policy Network Notification**

Product:  MassHealth  Clarity plans  Senior Care Options

## February Medical Policy Network Notification

This Network Notification regarding medical policy updates effective May 1, 2024, was issued in error. The medical policies below won't be implemented at this time as previously announced. The treatments covered by these policies, outlined below, continue to require prior authorization from WellSense according to guidelines specified in the Medically Necessary medical policy OCA 3.14.

Again, WellSense won't be implementing the following medical policies effective May 1, 2024:

- Luxturna® (Voretigene Neparvovec-rzyl), OCA 3.211
- Rethymic® (Allogeneic Processed Thymus Tissue-agdc), OCA 3.215
- Skysona® (Elivaldogene Autotemcel), OCA 3.214
- Zolgensma® (Onasemnogene Abeparvovec), OCA 3.213
- Zynteglo® (Betibeglogene Autotemcel), OCA 3.212

## General Information

All medical policies are on the [providers page under policies](#).

## Questions?

If you have any questions, please contact your dedicated Provider Relations Consultant or call the provider line at 888-566-0008. Providers can also email feedback about WellSense medical policies to [medicalpolicy@wellsense.org](mailto:medicalpolicy@wellsense.org). Please include the policy title and number with your comments.

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