



Provider Update

Date: November 29, 2018 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 February 1 or March 1, 2019 as noted below.**

1. Cardiac Rehabilitation, Outpatient, OCA 3.61 Adopting Interqual criteria. Effective March 1, 2019
2. Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT), OCA 3.75 Adopting Interqual criteria. Effective March 1, 2019
3. Panniculectomy and Related Redundant Skin Surgery, OCA 3.722. Effective February 1, 2019
4. Photochemotherapy and Phototherapy for Dermatological Conditions in the Outpatient Setting, OCA 3.39. Effective February 1, 2019
5. Skin Substitutes in the Outpatient Setting, OCA 3.710. Effective February 1, 2019

These policies, criteria and prior authorization requirements are applicable to all Well Sense Health Plan members. All Well Sense medical policies are located on the [Provider's page at 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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