



## PROVIDER NOTICE

**Date: October 26, 2017**

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

The following Well Sense Health Plan medical policies have been updated, and the revised documents will be **effective January 1, 2018**.

- Continuous Glucose Monitoring Systems (CGMS) and Insulin Delivery Systems, OCA 3.966
- Medically Necessary, OCA 3.14
- Pelvic Floor Stimulation for the Treatment of Incontinence, OCA 3.561 (and treatment will be considered experimental and investigational for this indication)
- Sacral Nerve Stimulation (Including Peripheral Nerve Stimulation Test) for incontinence and Urinary Conditions OCA 3.563

**Effective January 1, 2018**, Well Sense Health Plan will utilize the 2017 version of InterQual® Criteria for evidence-based clinical review criteria and utilization management decisions to determine the medical necessity and appropriate level of care for services that requires Well Sense Health Plan prior authorization. InterQual® Criteria are used when Well Sense Health Plan-specific criteria have not been established in internally developed medical policies, and the service is not managed by a delegated management partner.

These policy and prior authorization requirements are applicable to all Well Sense Health Plan members. All Well Sense Health Plan 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 dedicated Provider Relations Consultant for a copy of these policies.