



Provider Update

Date: December 26, 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 March 1, 2019, as noted in the policies.**

- Gene Expression Profiling of Tumor Tissue to Predict Cancer Recurrence and Risk Stratification (including Oncotype DX and Other Tests), OCA 3.572
- Genetic Testing for Hereditary Breast and Ovarian Cancer Syndrome, OCA 3.57
- Pelvic Floor Stimulation for the Treatment of Incontinence, OCA 3.561
- Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous), OCA 3.562

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.



1155 Elm Street, Suite 600
Manchester, NH 03101
WellSense.org

Presorted First Class U.S. Postage PAID Permit No. 1520 Boston, MA
--