

DATE: February 28, 2020 **Number:** 41
TO: All Well Sense Health Plan Providers
FROM: Well Sense Health Plan
SUBJECT: **February Network Notifications**

February Network Notifications

The following Well Sense Health Plan medical policies will be updated with revisions to clinical review criteria and/or applicable coding included in the medical policies (excluding industry-wide code updates and/or codes that do not require prior authorization). The revised medical policies will be effective on May 1, 2020. They will be posted on the website and available from your provider relations representative on March 1, 2020.

1. 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
2. Osteochondral Treatments for Defects of the Knee, Talus, and Other Joints, OCA 3.965

General Information

These policies and prior authorization requirements are applicable for members enrolled in a Well Sense Health Plan product. All Well Sense Health Plan medical policies are located on the Provider's page at www.wellsense.org under the Policies link. If you do not have Web access, you may contact your provider relations representative for a copy of the policies.

Questions?

If you have any questions about this Network Notification, please contact your dedicated Provider Relations Consultant or call the Provider Line at 877-957-1300, option 3. All Well Sense Health Plan [Network Notifications](#) and [Policies](#) are available online at wellsense.org.