



Provider Notice

Date: September 26, 2018 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 December 1, 2018**.

1. Ambulance and Transportation Services, OCA 3.191
2. Balloon Sinus Ostial Dilation, OCA 3.706
3. Clinical Review Criteria, OCA 3.201
4. Clinical Technology Evaluation, OCA 3.13
5. Endoscopic Treatment for GERD in the Outpatient Setting(Including Trans-oral Incisionless Fundoplication), OCA 3.46
6. Medical Nutrition Therapy in the Outpatient or Office Setting, OCA 3.66
7. Temporomandibular Joint(TMJ) Disorder Treatment, OCA 3.968
8. Tube Fed Enteral Nutrition Products(Supplied and Billed by Home Infusion Providers) and Digestive Enzyme Cartridges, OCA 3.37

Please note:

- **For InterQual, the plans will adopt 2018 InterQual criteria as of December 1, 2018.**
- **The Genetic Testing Guidelines and Pharmacogenetics policy has been renamed the Genetic/Genomic Testing and Pharmacogenetics as of October 1, 2018****

These policy and prior authorization requirements are applicable to all members enrolled in Well Sense Health Plan. [All Well Sense Health plan medical policies are located on the Provider's page at wellsense.org under the Policies link.](http://wellsense.org) If you do not have Web access, contact your Well Sense Provider Relations Consultant for a copy of the policies