<Date>

<Recipient Name> <Recipient Company> <Company Address 1> <Company Address 2> <City, <State> <ZIP code>

Dear Provider,

All of us at Wellcare are committed to continuous improvement of quality services for our members. With that in mind, Wellcare has expanded its partnership with National Imaging Associates, Inc. (NIA)\*, to implement a Musculoskeletal (MSK) Management program.

This program includes prior authorization for non-emergent MSK procedures for outpatient, interventional spine pain management services (IPM) specific to spinal cord stimulators; and inpatient and outpatient hip, knee, shoulder, lumbar, and cervical spine surgeries for Wellcare Medicare members. This decision is consistent with industry-wide efforts to ensure clinically appropriate quality of care and to manage the increasing utilization of these services.

In consideration of the aforementioned agreement, Wellcare will terminate its current MSK program and utilization management efforts with TurningPoint as of **March 1, 2024**.

Under terms of the agreement between Wellcare and NIA:

- Wellcare will oversee the MSK program and continue to be responsible for claims adjudication and medical policies.
- NIA will manage non-emergent outpatient interventional spine pain management services, plus inpatient and outpatient MSK surgeries through the existing contractual relationships with Wellcare.

Planned for a **March 1, 2024 implementation**, this correspondence serves as notice under your Participating Wellcare Provider Agreement of changes to the program.

Providers may begin contacting NIA on March 1, 2024, to seek prior authorization for procedures scheduled **on or after March 1, 2024**.

The following outlines the specific procedures requiring prior authorization:

**IPM Component:** In addition to the current IPM procedures that require auth, you will need to get authorization for the following additional service:

\*Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."

PRO\_2836852E Internal Approved MMDDYYYY 2836852\_CT3PCARLTRE © 2024 Wellcare. All Rights Reserved. Spinal Cord Stimulators

**MSK Surgeries:** Prior authorization will be required for the following non-emergent inpatient and outpatient hip, knee, shoulder, lumbar, and cervical surgeries:

Нір

- Revision/Conversion Hip Arthroplasty.
- > Total Hip Arthroplasty/Resurfacing.
- Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincer and labral repair).
- Hip Surgery Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy knee).

## Knee

- Revision Knee Arthroplasty.
- Total Knee Arthroplasty (TKA).
- > Partial-Unicompartmental Knee Arthroplasty (UKA).
- Knee Manipulation under Anesthesia (MUA).
- ➢ Knee Ligament Reconstruction/Repair.
- > Knee Meniscectomy/Meniscal Repair/Meniscal Transplant.
- Knee Surgery Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration).

## Shoulder

- Revision Shoulder Arthroplasty.
- > Total/Reverse Shoulder Arthroplasty or Resurfacing.
- > Partial Shoulder Arthroplasty/Hemiarthroplasty.
- Shoulder Rotator Cuff Repair.
- Shoulder Labral Repair.
- Frozen Shoulder Repair/Adhesive Capsulitis.
- Shoulder Surgery Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviculectomy, diagnostic shoulder arthroscopy).

## Lumbar

- > Lumbar Microdiscectomy.
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy, and Foraminotomy).
- Lumbar Spine Fusion (Arthrodesis) with or without Decompression (Single and Multiple Levels).
- Sacroiliac Joint Fusion.

Cervical

- > Cervical Anterior Decompression with Fusion (Single and Multiple Levels).
- Cervical Posterior Decompression with Fusion (Single and Multiple Levels).
- Cervical Posterior Decompression (without fusion).
- > Cervical Artificial Disc Replacement.
- > Cervical Anterior Decompression (without fusion).

**KEY PROVISIONS:** 

- It is the responsibility of the ordering physician to obtain prior authorization for all interventional spine pain management procedures and MSK surgeries outlined above.
- NIA <u>does not manage</u> prior authorization for emergency MSK surgery cases that are admitted through the emergency department or for MSK surgery procedures outside of those procedures listed above.
  - The ordering physician must obtain prior authorization with NIA prior to performing the surgery/procedure.
  - Facility admissions do not require a separate prior authorization. However, the facility should ensure that an NIA prior authorization has been obtained prior to scheduling the surgery/procedure.

Services other than the interventional spine pain management and MSK surgeries outlined above will continue to follow Wellcare prior-authorization requirements for hospital admissions and elective surgeries.

We appreciate your support and look forward to your assistance in assuring that Wellcare members receive MSK services delivered in a quality, clinically appropriate fashion.

We will provide additional information as we get closer to the implementation date. Should you have questions at this time, please contact Wellcare Provider Services Department at **1-855-538-0454**.

Sincerely,

Wellcare