

<Date>

<Recipient Name>  
<Recipient Company>  
<Company Address>  
<Company Address>

Dear Provider,

All of us at NH Healthy Families (Medicaid), Ambetter from New Hampshire Healthy Families (Exchange), and Wellcare (Medicare) are committed to continuous improvement of quality services for our members. With that in mind, NH Healthy Families, Ambetter from New Hampshire Healthy Families, and Wellcare have entered into an expanded partnership with National Imaging Associates, Inc. (NIA)<sup>1</sup>, to implement a new Musculoskeletal (MSK) Management program.

The MSK program currently requires prior authorization for non-emergent outpatient, interventional spine pain management services (IPM), and will be expanded to include spinal cord stimulators; and inpatient and outpatient hip, knee, shoulder, lumbar, and cervical spine surgeries for NH Healthy Families, Ambetter from New Hampshire Healthy Families, and Wellcare members with Medicaid or Exchange, and Medicare plans respectively. The decision to implement this latest program 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 this agreement, NH Healthy Families, Ambetter from New Hampshire Healthy Families, and Wellcare will terminate the current MSK program with TurningPoint Healthcare as of January 31, 2024.

Under terms of the agreement between NH Healthy Families, Ambetter from New Hampshire Healthy Families, and Wellcare and NIA:

- NH Healthy Families, Ambetter from New Hampshire Healthy Families, and Wellcare will oversee the MSK program and continue to be responsible for claims adjudication and medical policies.
- NIA will manage IPM services, and inpatient and outpatient MSK surgeries through the existing contractual relationships with NH Healthy Families, Ambetter from New Hampshire Healthy Families, and Wellcare.

Planned for a February 1, 2024, implementation, this correspondence serves as notice under your Participating NH Healthy Families, Ambetter from New Hampshire Healthy Families, and Wellcare Provider Agreement of changes to the program.

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

The following outlines the specific procedures requiring prior authorization.

**IPM Component:** In addition to the IPM procedures already managed by NIA, prior authorization will be required for the following non-emergent outpatient IPM services:

<sup>1</sup>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."

- Spinal Cord Stimulators

**MSK Surgeries:** In addition to the IPM procedures already managed by NIA, prior authorization will be required for the following non-emergent inpatient and outpatient MSK surgeries:

#### Hip

- Revision/Conversion Hip Arthroplasty
- Total Hip Arthroplasty/Resurfacing
- Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincer & 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, claviclectomy, diagnostic shoulder arthroscopy)

#### Lumbar

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- Sacroiliac Joint Fusion

#### Cervical

- Cervical Anterior Decompression with Fusion –Single & Multiple Levels
- Cervical Posterior Decompression with Fusion –Single & 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 IPM procedures and MSK surgeries managed by NIA.
- NIA does not manage prior authorization for emergency MSK surgery cases that are admitted through the emergency room 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.

MSK surgeries other than those outlined above will continue to follow NH Healthy Families prior authorization requirements for hospital admissions and elective surgeries.

We appreciate your support and look forward to your assistance in assuring that NH Healthy Families 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, please contact NH Healthy Families Provider Services Department at 1-866-769-3085.

Sincerely,

Name]  
[Title]