

## **Updates to AIM Specialty Health Musculoskeletal Clinical Appropriateness Guidelines**

*This communication applies to the Medicaid and Medicare Advantage programs from Empire.*

Effective for dates of service on and after September 11, 2022, the following updates will apply to the *AIM Specialty Health (AIM®) Musculoskeletal Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

### **Updates by guideline**

#### **Spine surgery:**

- **Lumbar disc arthroplasty** — added indication for second-level lumbar disc arthroplasty when using a second-level FDA-approved implant
- **Lumbar discectomy** — removed exclusion for annular closure devices (**Note:** Medical necessity of the implant is determined by health plan medical policy.)
- **Lumbar fusion** — removed exclusion for anterior lumbar interbody fusion for indirect lumbar decompression in the absence of instability
- **Cervical decompression with or without fusion** — added criteria for when revision or replacement may be medically necessary
- **Cervical disc arthroplasty** — added criteria for when revision or replacement may be medically necessary
- **Two-level cervical disc arthroplasty** — added indication for second-level arthroplasty when prior arthroplasty already performed
- **Lumbar disc arthroplasty** — added requirement to manage underlying psychiatric disorder; add contraindications, including prior fusion, poorly managed psychiatric disorder, chronic radiculopathy; add exclusion for prior lumbar fusion
- **Scheurmann's kyphosis** — removed *associated neurological deficits* as a clinical consideration
- **Scoliosis** — expanded indication to include thoracic for progressive adolescent idiopathic scoliosis; increased Cobb angle for skeletally mature patients to greater than 50 degrees
- **Spinal stenosis** — required surgeon's interpretation of flexion-extension lateral spine X-ray documented in the medical record; added indications for recurrent stenosis, adjacent-level stenosis after a prior fusion, and planned indirect decompression via anterior approach decompression via anterior approach

\* AIM Specialty Health® is an independent company providing some utilization review services on behalf of Empire. Availity, LLC is an independent company providing administrative support services on behalf of Empire.

### Joint surgery:

- **Total shoulder arthroplasty** — added fracture indication for total shoulder arthroplasty (although reverse total shoulder arthroplasty is preferred) to align with American Academy of Orthopedic Surgeons (AAOS) feedback
- **Total shoulder arthroplasty** — added exception for Kellgren-Lawrence grade 4 to be consistent with total knee and total hip arthroplasty
- **Hemiarthroplasty** — added indications for hemiarthroplasty for glenohumeral arthritis with irreparable rotator cuff and for malignancy involving the glenohumeral joint or surrounding soft tissue
- **Reverse shoulder arthroplasty** — added indication when glenoid bone stock inadequate to support anatomic glenoid prosthesis
- **Labrum repair** — removed requirement that MRI-demonstrated Superior Labrum from Anterior to Posterior tear (SLAP) lesion is traumatic in nature
- **Adhesive capsulitis** — matched requirements in knee arthroscopy; reduce timeframe of conservative management to six weeks postsurgery for lysis of adhesions/capsular release and MUA
- **Total knee arthroplasty** — added patellofemoral osteoarthritis as an indication for total knee arthroplasty
- **Knee arthroscopy** — new indication for abrasion arthroplasty/microfracture
- **Knee/arthroscopically assisted lysis of adhesions** — removed 12-week postsurgery requirement
- **Knee/manipulation under anesthesia** — removed 12-week postsurgery requirement
- **Treatment of osteochondral defects** — removed BMI 35 or less from patient selection criteria
- **Autologous chondrocyte implantation** — added contraindications from MACI® package insert, including severe osteoarthritis, inflammatory joint disease, knee surgery other than biopsy, or MACI preparation, and inability to cooperate with postoperative rehab program

### Small-joint surgery:

- **Hallux rigidus** — added criteria for select implant arthroplasties in great toe; remove exclusion for percutaneous osteotomy
- **Hallux valgus/bunionette** — removed exclusion for implant arthroplasties
- **Lesser toe deformities** — removed exclusions for implant arthroplasties and intramedullary fixation devices
- **First metatarsophalangeal joint arthrodesis** — removed requirement for six months of symptoms
- **First metatarsophalangeal joint arthroplasty** — new indication
- **Hallux rigidus/exclusions** — clarified specific types of excluded implants; excluded metatarsophalangeal joint arthroplasties for any other indications; excluded peripheral neuropathy/Charcot joint

### Sacroiliac (SI) joint fusion:

- Expanded indication to include any FDA-approved minimally invasive/percutaneous SI joint fusion device with fixation
- Require a trial of at least one therapeutic intra-articular SI joint injection
- New criteria for revision minimally invasive SI joint fusion
- Add exclusion for posterior (dorsal) minimally invasive SI joint fusion procedures using only bone grafts and no internal fixation device

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's ***ProviderPortal***<sup>SM</sup> directly at <https://www.providerportal.com>:
  - **Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.**
- Access AIM via the Availity\* Portal at <https://www.availity.com>
- Call the AIM Contact Center toll-free number at number below, Monday through Friday, from 7 a.m. to 7 p.m. Central time:
  - Medicare: **866.745.1784**
  - Medicaid: **855.574.6481**

If you have questions related to guidelines, please contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current and upcoming guidelines at <https://aimspecialtyhealth.com/resources/clinical-guidelines>.