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Medicare Advantage

Provider update

Updates to *AIM Specialty Health Musculoskeletal Clinical Appropriateness Guidelines*

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

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

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- **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 ***Provider****Portal*SM 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 the number listed below, Monday through Friday, from 7 a.m. to 7 p.m. Central time:
    - New Jersey: **833-419-2146**
    - New Mexico: **833-775-1962**
    - Tennessee: **833-305-1801**
    - Texas: **833-305-1809**
    - Washington: **833-342-1258**

If you have questions related to guidelines, please contact AIM via email at 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**.