Updates to AIM musculoskeletal program clinical appropriateness guidelines

Effective for dates of service on and after September 26, 2020, the following updates will apply to the AIM Specialty Health® (AIM)* musculoskeletal program joint surgery, spine surgery and interventional pain clinical appropriateness guidelines.

Joint surgery updates by section

Shoulder arthroplasty:

- Added steroid injection for all joints exclusion based on panel recommendation
- Added exclusions for use of xenografts or biologic scaffold for augmentation or bridging reconstruction, use of platelet rich plasma or other biologics and concomitant subacromial decompression
- Removed indication for subacromial impingement with rotator cuff tear

Hip arthroplasty:

- Added exclusion for steroid injection for joint being replaced within the past six weeks
- Added labral tear indication

Knee arthroscopy and open procedures:

- Added chondroplasty indication
- Narrowed use of lateral release to lateral compression as a cause for anterior knee pain or chondromalacia patella
- Added a conservative management and advanced osteoarthritis exclusion to patellar compression syndrome section

Musculoskeletal program interventional pain management guideline updates by section

General requirements — conservative management:

- Addition of physical therapy or home therapy requirement and one complementary modality based on preponderance of benefit over harm to conservative care
- Align with approach to conservative management defined in spine and joint surgery guidelines

Epidural injection procedures and diagnostic selective nerve root blocks:

- Addition of statement about adherence to ESI procedural best practices established by FDA Safe Use Initiative

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup.

    - Recommendations are intended for provider education and will not be used for adjudication.
- Clarification of intent around requirement for advanced imaging for repeat injections

Paravertebral facet injection/nerve block/neurolysis:

- Remove indication for four unilateral medial branch blocks per session based on panel consensus

Paravertebral facet injection/nerve block/neurolysis continued:

- Procedural clarification restricting use of corticosteroids for diagnostic MBB based on panel consensus
- Limit use of intra-articular steroid injection to mechanical disruption of a facet synovial cyst
- Remove indication for intra-articular steroid injections based on new evidence for lack of efficacy
- Increase duration of initial RFN efficacy needed to avoid a MBB to six months based on panel consensus
- Clarification that MBB or RFN is not medically necessary after spinal fusion

Spinal cord and nerve root stimulators:

- Clarify inclusion of different stimulation methods for spinal cord stimulation
- Add new indication for dorsal root ganglion stimulation
- Clarify exclusions for spinal cord and dorsal root ganglion stimulation

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

- Access the AIM **Provider** Portal$_{SM}$ directly at **https://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 **1-800-714-0040**.
    - Associates are available 7:00 a.m. to 7:00 p.m. ET.

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 **http://www.aimspecialtyhealth.com/ClinicalGuidelines**.