Empire BlueCross BlueShield
An Anthem Company

Provider Bulletin
June 2020

Updates to AIM musculoskeletal program clinical appropriateness guidelines

This communication applies to the Medicaid and Medicare Advantage programs for Empire BlueCross BlueShield (Empire).

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
    - Recommendations are intended for provider education and will not be used for adjudication.

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

- 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.**