

## Updates to AIM Spine Surgery Clinical Appropriateness Guideline

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Effective for dates of service on and after February 9, 2020, the following updates will apply to the AIM Musculoskeletal Program Spine Surgery Clinical Appropriateness Guidelines.

- Conservative management – *all sections*
  - Addition of physical therapy or home therapy requirement and one complementary modality for all spine procedures based on preponderance of benefit over harm to conservative care
- Lumbar disc arthroplasty
  - Changed the duration of conservative management from 1 year to 6 months based on the FDA prospective study that was done to approve the lumbar disc arthroplasty procedure
  - Added age, level requirements, and symptom/sign requirement and clarified contraindications in reflect these changes
  - Added exclusions criteria of Prior spine surgery of any form at the target level
- Lumbar fusion and treatment of spinal deformity (including scoliosis and kyphosis)
  - Inclusion for implant failure similar to cervical spine
  - Consolidated juvenile and congenital in adolescent idiopathic
  - Decreased duration of conservative management required based on lower evidence for efficacy in spinal stenosis and specialty panel feedback
  - Excluded anterior lumbar interbody fusion for foraminal stenosis without evidence of instability exclusion due to very low quality evidence for efficacy
- Lumbar laminectomy

- Decreased duration of conservative care required for known spinal stenosis based on guidance from NASS and less evidence for efficacy of conservative management in this population
  - Aligned conservative care duration with discectomy criteria
  - Added new indication for synovial cyst
- Noninvasive electrical bone growth stimulation
    - Clarification of guideline intent
    - Allow active nicotine use as a risk factor in lumbar uses of bone growth stimulation
    - Allow thoracic fusion similar to lumbar
- Bone graft substitutes and bone morphogenetic proteins
    - Allow active nicotine use as a risk factor for pseudoarthrosis in graft failure

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

- Access AIM's *ProviderPortal<sub>SM</sub>* directly at [providerportal.com](http://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 Web Portal at [availity.com](http://availity.com)
- Call the AIM Contact Center toll-free number at 866-714-1107, Monday–Friday, 8:00 a.m.–5:00 p.m.

For 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 [here](#).

**URL:** <https://providernews.anthem.com/connecticut/article/updates-to-aim-spine-surgery-clinical-appropriateness-guideline-2>

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