

## 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 800-554-0580, Monday – Friday, 8:30 a.m. – 7:00 p.m. ET.

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](#).

\* Notice of Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements.

URL: <https://providernews.anthem.com/ohio/article/updates-to-aim-spine-surgery-clinical-appropriateness-guideline-1>

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