

Updates to AIM musculoskeletal surgery clinical appropriateness guidelines

Published: Dec 1, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

Beginning with dates of review on and after January 1, 2019, the following updates will apply to AIM **Musculoskeletal Spine Surgery** Clinical Appropriateness Guidelines as indicated by section below:

- Cervical Decompression with or without Fusion
 - Added criteria for the appropriate use of laminectomy for cordotomy and biopsy, excision, or evacuation
 - Added indications for non-traumatic atlantoaxial instability
- Lumbar Laminectomy
 - Added criteria for the appropriate use of laminectomy for biopsy, excision, or evacuation
 - Added indication of Dorsal Rhizotomy

Beginning with dates of review on and after January 1, 2019, the following updates will apply to AIM **Musculoskeletal Interventional Pain Management** Clinical Appropriateness Guidelines as indicated by section below:

- Paravertebral Facet Injection/Nerve Block/Neurolysis
 - Exclusions: Radiofrequency neurolysis for sacroiliac (SI) joint pain is considered not medically necessary

These services or procedures were previously reviewed by Anthem, but will now be reviewed by AIM as part of the Musculoskeletal program. To view the CPT codes, you may

access and download a copy of the current guidelines [here](#).

Ordering and servicing providers may submit prior authorization requests to AIM in one of the following ways:

- Access AIM **ProviderPortal**SM directly at 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
- Call the AIM Contact Center toll-free number: 866-714-1103, Monday–Friday, 8:00 a.m.–6:00 p.m.

For 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 guidelines [here](#).

URL: <https://providernews.anthem.com/georgia/article/updates-to-aim-musculoskeletal-surgery-clinical-appropriateness-guidelines-1>

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December 2018 BCBSGa Provider Newsletter

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