NOTICE OF MATERIAL CHANGE TO CONTRACT

November 1, 2019

Re: AIM Specialty Health Clinical Appropriateness Guidelines update – Musculoskeletal Program Spine Surgery

Dear Provider:

Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Colorado (Anthem), is writing to inform you of the following updates to the AIM Specialty Health® (AIM) Clinical Appropriateness Guidelines. AIM is a separate company.

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 – <u>all sections</u>**
  - 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 pre-certification requests to AIM in one of several ways:

- Access AIM ***Provider****Portal*$_{SM}$ 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: 877-291-0366, Monday–Friday, 8:00 a.m.–6:00 p.m. MT.

For questions related to guideline updates, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. To access and download a copy of the current and upcoming guidelines, go to: http://www.aimspecialtyhealth.com/ClinicalGuidelines.html.

We value and appreciate you as our partner in providing quality care, and appreciate your continued participation in our network.

Sincerely,

Elizabeth Kraft, M.D.
Medical Director
Anthem Blue Cross and Blue Shield