



October 26, 2020

Omar Latif, MD
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Anthem Blue Cross Blue Shield
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Richard Valdesuso, MD, MBA, MA
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Dear Drs. Latif and Valdesuso,

On behalf of over 34,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS), 2,500 orthopaedic surgeons, other physicians and allied health/advanced practitioners represented by the American Orthopaedic Foot and Ankle Society (AOFAS), and the over 15,000 podiatric surgeons and residents represented by the American Podiatric Medical Association (APMA) and the American College of Foot and Ankle Surgeons (ACFAS), we would like to respond to updates to the AIM Specialty Health (AIM) Musculoskeletal Program. Specifically, we are writing to request revoking new appropriate use criteria (AUC) requirements, which were issued on August 1, 2020, and will be effective November 1, 2020 until further discussion with relevant clinical specialty societies.

At a minimum, we ask that providers who have already scheduled procedures (pertaining to the August 1, 2020 policy) prior to October 26, 2020 be allowed to perform these procedures for their patients under the current prior authorization policy, regardless of any future policy implementation date. Many of these procedures are scheduled well in advance and are past the November 1, 2020 implementation date. Should this policy, or a similar policy be implemented in the future we ask that providers be given ample time (two months or more) to not only familiarize and comply, but also test new documentation and related prior authorization requirements.

The specific procedures outlined in the August 1, 2020 policy pertain to small joint surgery of the foot and ankle. Specified procedures include:

- Hallux Rigidus Surgery
- Hallux Valgus and Bunionette Surgery
- Lesser Toe Deformities (Elective, Non-Emergent Surgical Intervention)
- Ankle Arthritis (Elective, Non-Emergent Surgical Intervention)

We understand that Anthem Blue Cross and Blue Shield, and several of their state subsidiary health plans have indicated that they follow the AIM Musculoskeletal Program and will be adopting this new policy. These health plans are in the following states: California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, New Hampshire, Nevada, New York, Ohio, Virginia, and Wisconsin.

Notwithstanding the issues mention above, we have concerns with the August 1, 2020 AUC policy additions for several reasons:

- 1) Supersedes Physician Autonomy

Requiring specific criteria for levels of care that are dictated by an outside third-party erodes the doctor-patient relationship, and the ability to make decisions that are in the best interest of the patient. Clinicians go through years of training, and patients share personal information that dictates what type of care patients seek, where, and how it is delivered. Specifically, in the case of the August 1, 2020 AUC policy there are criteria that may exclude well accepted indications, procedures, implants, and fixation

devices. Additionally, it is not clear that prior authorizations will be reviewed by individuals with the requisite clinical expertise or that the policy was developed with relevant clinical input and robust evidence-based findings. At a minimum, we believe that outreach, input and discussion is needed with the relevant medical specialty societies before implementing such policies.

2) Increased Administrative Burden

This policy would add significant burden for providers. Many practices already spend an inordinate time complying with various prior authorization and related administrative requirements. The varied policy approach across commercial payers makes this even more challenging and results in increased cost in terms of staffing and resources. This does not include any peer-to-peer conversations when discrepancies arise, which adds to the burden on the health care system. The continued issuance of these policies is untenable to daily operations, when external approval is needed for an internal decision.

3) Negatively Impacts Patient Care

Perhaps, most unfortunate is the negative impact that this policy will have on patients. Requiring broad-based medical necessity criteria to be established for clinical interventions does not account for unique patient circumstances. These unique circumstances are only resolved in peer-to-peer conversations, which also lack the relevant doctor-patient conversations that are important to decide care delivery. Patients suffer because procedures that can have clinical benefit and improved quality of life are delayed or denied coverage. The answer to improving patient outcomes does not rely on intervening in the operational day-to-day work that providers have been trained to do but focusing on means to support their clinical efforts.

Toward this end, we would welcome working with AIM Specialty Health and Anthem Blue Cross Blue Shield to explore removal and remediation of this policy that can improve care and outcomes for patients. For the reasons expressed above, we strongly request that AIM Specialty Health permanently suspend this new policy. We also ask Anthem Blue Cross Blue Shield to not adopt this policy at this time.

We are open to further dialogue with you to resolve this and appreciate your time and attention to this issue. We look forward to discussing these matters further.

Sincerely,



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President, American Orthopaedic Foot and Ankle Society



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