



AMERICAN ACADEMY OF  
ORTHOPAEDIC SURGEONS

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July 6, 2020

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Dr. Amundson,

On behalf of over 34,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS), we would like to respond to new commercial medical policy imaging requirements requested by UnitedHealthcare. As mentioned in the UnitedHealthcare Frequently Asked Questions (FAQ) document, these policies would apply to dates of service on or after April 1, 2020, for most states.

Specifically, we are writing to express our serious concern that this policy will impede timely patient care and care continuity, and shift time away from patients and towards unnecessary administrative tasks. Based on a review of UnitedHealthcare literature, it is our understanding that for several procedures, providers are now required to send clinical images, such as photographs, magnetic resonance imaging (MRI) scans, computed tomography (CT) scans, X-rays or bone scans to justify a clinical intervention. This would apply to the following procedures:

- Surgical Treatment for Spine Pain
- Knee Replacement Surgery (Arthroplasty), Total and Partial
- Total Artificial Disc Replacement for the Spine
- Hip Resurfacing and Replacement Surgery (Arthroplasty)
- Functional Endoscopic Sinus Surgery (FESS)
- Balloon Sinus Ostial Dilation
- Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins
- Shoulder Replacement Surgery (Arthroplasty)
- Skin and Soft Tissue Substitutes

UnitedHealthcare states that the images required to be sent vary by policy. However, this adds further ambiguity, which could increase the likelihood of additional future administrative burden.

AAOS believes the policy requiring images to be sent – at its core – is misguided and sets a dangerous precedent for patient safety and appropriate clinical care. We strongly oppose this requirement for the following reasons:

- Superseding Clinical Decision-Making:
  - Requiring images to be sent to UnitedHealthcare, for review by a third-party individual, lacks the multi-faceted care considerations developed through the patient-provider interaction and relationship. UnitedHealthcare decisions could represent incorrect clinical assessments, with limited or incorrect assumptions and information. Furthermore, clinical judgment based off the patient-provider relationship would be superseded by a third-party individual.

- It is not clear who will be the third-party individuals reviewing these images, the credentials of third-party reviewers, what criteria will be used for reviewing, and if third-party reviewers will be looking at all documents sent, or some documents, and all patient profiles, or just some patient profiles. The lack of a rigorous and straightforward process further exacerbates the potential to impede patient care and care continuity.
- Increasing Administrative Burden:
  - The stated intent of these changes is to ensure that care is “medically necessary” and to reduce unwarranted variation. However, the approach of requiring imaging documentation for all clinical interventions, specific to UnitedHealthcare medical policies does not accomplish this goal. Instead, it creates additional burden for those physicians who are providing effective care. If additional information is needed in the clinical record to indicate “appropriateness” of a clinical intervention, that should be included. Every clinical intervention should not have to go through a laborious process.
  - In order to comply with these new imaging requirements providers would have to do one of two things; either they would have to take time away from patients to review and send to UnitedHealthcare, or they would have to hire and train additional administrative personnel to help disseminate images after physician selection to UnitedHealthcare. Even if administrative personnel were trained in this new capacity, they still would not have the clinical wherewithal to identify clinically meaningful and significant images, inevitably leaving the provider to do some level of interpretation.
- Amplifying Security & Patient Safety Concerns
  - Many health systems and providers are faced with increasingly sophisticated cyber-attacks to extract clinical data or extort an institution for material gain. This has heightened the importance of protecting clinical data stored inside and distributed outside a system’s information technology infrastructure. Sending images through secure means, while necessary, could be extremely cumbersome and slow, delaying the time it takes to get a timely response and provide important patient care. There are additional concerns with what happens to images after they are sent to UnitedHealthcare. Are they stored in perpetuity? Are they destroyed after use? These are important questions that are not addressed in the UnitedHealthcare new imaging requirements.
  - Additionally, the process described in the new policy is to send a reduced quality jpeg file (to decrease file size) via a portal or email to UnitedHealthcare. Viewing such medical images in this format run counter to the Food and Drug Administration (FDA) rules on the use of imaging for clinical decision making. Only through medical grade, FDA-approved picture archiving and communication systems (PACS systems) should transfer of images satisfy FDA guidance on the use of computers in clinical decision making.

These are some of the immediate concerns that AAOS has with the new imaging requirements UnitedHealthcare has instituted for a host of their commercial medical policies. We strongly ask that this requirement be immediately suspended and withdrawn to ensure timely patient care and care continuity, and prevent time being



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taken away from patients to fulfill unnecessary administrative tasks. We are open to further dialogue with UnitedHealthcare to resolve this and appreciate your time and attention to this issue. Please contact Shreyasi Deb, PhD, MBA [deb@aaos.org](mailto:deb@aaos.org) to facilitate further discussions.

Sincerely,

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President, AAOS

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American Association of Orthopaedic Executives  
Arthroscopy Association of North America  
American Association of Hip and Knee Surgeons  
American Orthopaedic Foot and Ankle Society  
American Orthopaedic Society for Sports Medicine  
American Shoulder and Elbow Surgeons  
Knee Society  
North American Spine Society  
Orthopaedic Rehabilitation Association  
Pediatric Orthopaedic Society of North America  
Ruth Jackson Orthopaedic Society  
Scoliosis Research Society  
Alabama Orthopaedic Society  
Arizona Orthopaedic Society  
Arkansas Orthopaedic Society  
California Orthopaedic Association  
Connecticut Orthopaedic Society  
Delaware Society of Orthopaedic Surgeons  
Florida Orthopaedic Society  
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