

May 12, 2023

Kyu Rhee, MD, MPP
Senior Vice President,
Chief Medical Officer
Aetna
151 Farmington Avenue
Hartford, CT 06156

Dear Dr. Rhee:

On behalf of the more than 7,700 U.S. rheumatologists and rheumatology health professionals represented by the American College of Rheumatology (ACR), I am writing to express concern about Aetna's position on coverage (Aetna Medical Clinical Policy Bulletin 0052, effective 8/1/19, last review 12/8/22) for musculoskeletal ultrasound (MSUS). The current policy is overly restrictive, resulting in decreased access to medically necessary MSUS services for rheumatology patients.

It was recently brought to our attention that Aetna will not cover certain musculoskeletal ultrasound procedures. The policy states that Aetna considers US guidance to be "of no proven benefit" for numerous procedures that utilize MSUS. In addition, we are concerned that the policy's conclusion that there is, "no proven benefit," relies heavily on UpToDate® topic reviews for support. UpToDate® is a tool for clinicians to review information on disease and treatment but was not designed to be used as a comprehensive basis upon which policy is to be based.

It is the position of the ACR that ultrasonography is patient-friendly, noninvasive, radiation-free, and relatively inexpensive and readily available compared with other imaging modalities. This imaging modality is utilized widely for the diagnosis and treatment of many rheumatic conditions. For example, MSUS verifies joint inflammation and damage, detects erosions in all stages of disease, allows for detection of enthesitis and clarifies the physical exam efficiently. In addition to assisting in accurate diagnosis of disease, MSUS enhances patient care by assessing responses to treatment, helping with decisions about changing therapy in both adult and pediatric patients with arthritis, and improving joint injection accuracy and outcome^{i ii iii iv v}. MSUS guidance improves needle placement, reduces procedural pain during arthrocentesis, and improves clinical outcomes. For example, US guided aspiration, drainage, and injection of hips remains a reliable, lower cost procedure than fluoroscopically guided injection.ⁱ MSUS is also used for nerve imaging and to guide needle placement in the case of carpal tunnel syndrome^{vi}. There is considerable evidence for the importance of ultrasound assessment in rotator cuff and other shoulder diseasesⁱ. Difficult to examine joints, such as the temporomandibular joint, affected commonly in rheumatoid arthritis, can be examined by MSUS rather than MRI^{vii}. In addition, MSUS can non-invasively and rapidly make a diagnosis of gout, one of the most

common musculoskeletal diseases^{viii}. Addition of MSUS exam to clinical criteria also increases the accuracy of diagnosis of polymyalgia rheumatica^{ix}.

In 2012, the ACR published the *Report on Reasonable Use of Musculoskeletal Ultrasonography in Rheumatology Clinical Practice*¹. The task force that created this report used the RAND/UCLA methodology to integrate professional experience with the best available evidence. After rigorous analysis including controlling for possible conflicts of interest, there was a public comment period before the guidelines were finalized and published. Ultimately, the ACR panel endorsed 14 different categories of uses for MSUS, and assigned them to either “A”, “B”, or “C” levels of evidence based upon the RAND/UCLA methodology. Most diagnostic uses of MSUS were found to be reasonable and were supported by B level evidence. For interventional procedures, such as those referenced in the Aetna Clinical Policy Bulletin, the level of evidence is “A,” the highest level of evidence. Therefore, we find it most concerning that Aetna would label US guidance to be “of no proven benefit” for many of these procedures when the comparative review process was not nearly as robust.

Finally, we are concerned by the degree to which this policy relies on UpToDate[®] topic reviews. As you know, UpToDate[®] is designed to be a quick reference resource for clinicians to use when reviewing a topic or looking for insight into a medical diagnosis or treatment options. UpToDate has not been designed as a comprehensive review upon which healthcare policy was to be based. To base an Aetna policy on UpToDate[®], while neglecting primary references, college/academic society position papers, and clinical practice guidelines is puzzling at best.

We appreciate your consideration of these concerns and urge you to update Clinical Policy Bulletin 0052 to ensure that patients have access to medically necessary MSUS services and rheumatologists who have obtained training and certification in ultrasound receive fair, timely, reasonable reimbursement for these services. We would also welcome the opportunity to speak with you about this issue. Please contact Meredith Strozier, ACR Director of Practice Advocacy at mstrozier@rheumatology.org or (404)633-3777 to arrange a conference call at a mutually convenient time.

Sincerely,



Rebecca Shepherd, MD, MBA
Chair, ACR Insurance Subcommittee

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- ⁱ McAlindon, T. et. al. American College of Rheumatology Report on Reasonable Use of Musculoskeletal Ultrasonography in Rheumatology Clinical Practice. *Arthritis Care and Research*, Vol. 64, No. 11, 1625-1640 2012.
- ⁱⁱ American College of Rheumatology. Ultrasound in American Rheumatology Practice: Report of the American College of Rheumatology Task Force. *Arthritis Care and Research*, Vol. 62, No. 9, p 1206-1219, 2010.
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- ^{iv} Roth J. Emergence of Musculoskeletal Ultrasound Use in Pediatric Rheumatology. *Curr Rheumatol Rep. United States*; 2020;22:14.
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- ^{vi} McDonagh, Cara, Michael Alexander, and David Kane. "The role of ultrasound in the diagnosis and management of carpal tunnel syndrome: a new paradigm." *Rheumatology* 54.1 (2015): 9-19.
- ^{vii} Mupparapu, Mel, et al. "Conventional and functional imaging in the evaluation of temporomandibular joint rheumatoid arthritis: a systematic review." *Quintessence Int* 50.9 (2019): 742-753.
- ^{viii} Lee YH, Song GG. Diagnostic accuracy of ultrasound in patients with gout: A meta-analysis. *Semin Arthritis Rheum*. 2018;47(5):703-709. doi:10.1016/j.semarthrit.2017.09.012
- ^{ix} Kei Kobayashi, Daiki Nakagomi, Yoshiaki Kobayashi, Chisaki Ajima, Shunichiro Hanai, Kensuke Koyama, Kei Ikeda, Ultrasound of shoulder and knee improves the accuracy of the 2012 EULAR/ACR provisional classification criteria for polymyalgia rheumatica, *Rheumatology*, Volume 61, Issue 3, March 2022, Pages 1185–1194, <https://doi.org/10.1093/rheumatology/keab506>