

Updates to the *AIM Advanced Imaging Clinical Appropriateness Guidelines*

Effective for dates of service on and after September 12, 2021, the following updates will apply to the *AIM Advanced Imaging Clinical Appropriateness Guidelines*. Part of the AIM Specialty Health®* (AIM) guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe and affordable healthcare services.

Advanced imaging of the spine (updates by section)

- Congenital vertebral defects
 - New requirement for additional evaluation with radiographs
- Scoliosis
 - Defined criteria for which presurgical planning is indicated
 - Requirement for radiographs and new or progressive symptoms for postsurgical imaging
- Spinal dysraphism and tethered cord
 - Diagnostic imaging strategy limiting the use of CT to cases where MRI cannot be performed
 - New requirement for ultrasonography prior to advanced imaging for tethered cord in infants age five months or less
- Multiple sclerosis
 - New criteria for imaging in initial diagnosis of multiple sclerosis
- Spinal infection
 - New criteria for diagnosis and management aligned with Infectious Diseases Society of America and University of Michigan guidelines
- Axial spondyloarthritis
 - Defined inflammatory back pain
 - Diagnostic testing strategy outlining radiography requirements
- Cervical injury
 - Aligned with the American College of Radiology (ACR) position on pediatric cervical trauma
- Thoracic or lumbar injury
 - Diagnostic testing strategy emphasizing radiography and limiting the use of MRI for known fracture
 - Removed indication for follow-up imaging of progressively worsening pain in the absence of fracture or neurologic deficits

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- Syringomyelia
 - Removed indication for surveillance imaging
- Non-specific low back pain
 - Aligned pediatric guidelines with ACR pediatric low back pain guidelines

Advanced imaging of the extremities (updates by section)

- Osteomyelitis or septic arthritis; myositis
 - Removed CT as a follow-up to nondiagnostic MRI due to lower diagnostic accuracy of CT
- Epicondylitis and tenosynovitis — long head of biceps
 - Removed due to lack of evidence supporting imaging for this diagnosis
- Plantar fasciitis and fibromatosis
 - Removed CT as a follow-up to nondiagnostic MRI due to lower diagnostic accuracy of CT
 - Added specific conservative management requirements
- Brachial plexus mass
 - Added specific requirement for suspicious findings on clinical exam or prior imaging
- Morton’s neuroma
 - Added requirements for focused steroid injection, orthoses, plan for surgery
- Adhesive capsulitis
 - Added requirement for planned intervention (manipulation under anesthesia or lysis of adhesions)
- Rotator cuff tear; labral tear shoulder; labral tear hip
 - Defined specific exam findings and duration of conservative management
 - Recurrent labral tear now requires same criteria as an initial tear (shoulder only)
- Triangular fibrocartilage complex tear
 - Added requirement for radiographs and conservative management for chronic tear
- Ligament tear — knee; meniscal tear
 - Added requirement for radiographs for specific scenarios
 - Increased duration of conservative management for chronic meniscal tears
- Ligament and tendon injuries — foot and ankle
 - Defined required duration of conservative management
- Chronic anterior knee pain, including chondromalacia patella and patellofemoral pain syndrome
 - Lengthened duration of conservative management and specified requirement for chronic anterior knee pain
- Intra-articular loose body
 - Requirement for mechanical symptoms
- Osteochondral lesion (including osteochondritis dissecans, transient dislocation of patella)
 - New requirement for radiographs
- Entrapment neuropathy
 - Exclude carpal and cubital tunnel

- Persistent lower extremity pain
 - Defined duration of conservative management (6 weeks)
 - Exclude hip joint (addressed in other indications)
- Upper extremity pain
 - Exclude shoulder joint (addressed in other indications)
 - Diagnostic testing strategy limiting use of CT to when MRI cannot be performed or is nondiagnostic
- Knee arthroplasty, presurgical planning
 - Limited to MAKO and robotic assist arthroplasty cases
- Perioperative imaging, not otherwise specified
 - Require radiographs or ultrasound prior to advanced imaging

Vascular imaging (updates by section)

- Alternative nonvascular modality imaging approaches, where applicable
- Hemorrhage, intracranial
 - Clinical scenario specification of subarachnoid hemorrhage indication.
 - Addition of Pediatric intracerebral hemorrhage indication.
- Horner's syndrome; pulsatile tinnitus; trigeminal neuralgia
 - Removal of management scenario to limit continued vascular evaluation
- Stroke/transient ischemic attack; stenosis or occlusion (intracranial/extracranial)
 - Acute and subacute timeframe specifications; removal of carotid/cardiac workup requirement for intracranial vascular evaluation; addition of management specifications
 - Sections separated anatomically into anterior/posterior circulation (carotid artery and vertebral or basilar arteries, respectively)
- Pulmonary embolism
 - Addition of nondiagnostic chest radiograph requirement for all indications
 - Addition of pregnancy-adjusted YEARS algorithm
- Peripheral arterial disease (PAD)
 - Addition of new post-revascularization scenario to both upper and lower extremity PAD evaluation

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's *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* Portal at www.availity.com. From Availity's home page, select Patient Registration > Authorizations & Referrals. The **AIM Specialty Health** link is located below Additional Authorizations and Referrals.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** Monday to Friday between Monday to Friday from 7 a.m. and 7 p.m. Eastern time.

Questions

If you have 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 and upcoming guidelines [here](#).