

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

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Community Care. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

- 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}** [online](#). 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**. *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 **800-714-0040** Monday to Friday between Monday to Friday from 7 a.m. and 7 p.m. ET.

Questions

If you have questions related to guidelines, email aim.guidelines@aimspecialtyhealth.com. You may access and download a copy of the current and upcoming guidelines [online](#).