

## Updates to AIM Specialty Health Advanced Imaging *Clinical Appropriateness Guidelines*

Effective for dates of service on and after March 13, 2022, the following updates will apply to the listed AIM Specialty Health<sup>®</sup> (AIM)\* Advanced Imaging *Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

### Updates by guideline:

- **Imaging of the Brain:**
  - Acoustic neuroma — removed indication for CT brain and replaced with CT temporal bone
  - Meningioma — new guideline establishing follow-up intervals
  - Pituitary adenoma — removed allowance for CT following nondiagnostic MRI in macroadenoma
  - Tumor, not otherwise specified — added indication for management; excluded surveillance for lipoma and epidermoid without suspicious features
- **Imaging of the Head and Neck:**
  - Parathyroid adenoma — specified scenarios where surgery is recommended based on American Association of Endocrine Surgeons guidelines
  - Temporomandibular joint dysfunction — specified duration of required conservative management
- **Imaging of the Heart:**
  - Coronary CT angiography — removed indication for patients undergoing evaluation for transcatheter aortic valve implantation/replacement who are at moderate coronary artery disease risk
- **Imaging of the Chest:**
  - Pneumonia — removed indication for diagnosis of COVID-19 due to availability and accuracy of lab testing
  - Pulmonary nodule — aligned with Lung-RADS for follow-up of nodules detected on lung cancer screening CT
- **Imaging of the Abdomen and Pelvis:**
  - Uterine leiomyomata — new requirement for ultrasound prior to MRI; expanded indication beyond uterine artery embolization to include most other fertility-sparing procedures
  - Intussusception — removed as a standalone indication
  - Jaundice — added requirement for ultrasound prior to advanced imaging in pediatric patients
  - Sacroiliitis — defined patient population in whom advanced imaging is indicated (predisposing condition or equivocal radiographs)
  - Azotemia — removed as a standalone indication
  - Hematuria — modified criteria for advanced imaging of asymptomatic microhematuria based on AUA guideline
- **Oncologic Imaging:**
  - National Comprehensive Cancer Network (NCCN) recommendation alignments for breast cancer, Hodgkin and Non-Hodgkin lymphoma, neuroendocrine tumor, melanoma, soft tissue sarcoma, testicular cancer, and thyroid cancers.

\* 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.

- Cancer screening — new age parameters for pancreatic cancer screening; new content for hepatocellular carcinoma screening
- Breast cancer — clinical scenario clarifications for diagnostic breast MRI and PET/CT

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM via:

- AIM's *ProviderPortal*<sub>SM</sub> directly at [providerportal.com](http://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.
- The Availity\* Portal at [availity.com](http://availity.com).
- Phone at **800-714-0040**, Monday through Friday from 8 a.m. to 8 p.m. ET.

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