

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

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health®* (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:**
 - Meningioma — Added more frequent surveillance for WHO grade II/III
 - Bell's palsy — Limited the use of CT to scenarios where MRI cannot be performed
 - Seizure disorder — Added indication for advanced imaging in pediatric patients with nondiagnostic electroencephalogram (EEG)
- **Imaging of the Head and Neck:**
 - Perioperative imaging — Added indication for imaging prior to facial feminization surgery
- **Imaging of the Chest:**
 - Perioperative imaging — Added indication for imaging prior to lung volume reduction procedures
 - Imaging abnormalities — Added indication for evaluation of suspected tracheal or bronchial pathology
- **Imaging of the Abdomen/Pelvis:**
 - Uterine leiomyomata — Added indication for advanced imaging when ultrasound suggests leiomyosarcoma
 - Pancreatic indications — Added indication for pancreatic duct dilatation
 - Pancreatic mass — Added allowance for more frequent follow up of lesions with suspicious features or in high-risk patients
 - Pancreatitis — Removed allowance for MRI following nondiagnostic CT
 - Pelvic floor disorders — Added indication for MRI pelvis in chronic constipation when preliminary testing is nondiagnostic
 - Abdominal/pelvic pain, undifferentiated — Removed indication for MRI following nondiagnostic CT
- **Oncologic Imaging:**
 - National Comprehensive Cancer Network annual alignments for breast cancer screening and the following: Cervical, Head and Neck, Histiocytic Neoplasms, Lymphoma (Non-Hodgkin and Leukemia), Multiple Myeloma, Thoracic, and Thyroid cancers
 - Prostate Cancer:
 - Updated respective conventional imaging prerequisites for 18F Fluciclovine/11C PET/CT and 68Ga PSMA/18F-DCFPyL PET/CT, based

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on utility of conventional imaging at various PSA thresholds (and removal of low-risk disease waiver from conventional imaging footnote).

- Addition of 68Ga PSMA or 18F-DCFPyL PET/CT indication aligned with FDA-approved use of Pluvicto (radioligand) treatment for metastatic castrate-resistant disease

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

- Access AIM's *ProviderPortals*SM directly at www.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 Availity* Essentials at www.availity.com where available. Select Patient Registration > Authorizations & Referrals. Then, choose the AIM application tile.

For questions related to guidelines, contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).



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