

## Updates to *AIM Clinical Appropriateness Guidelines for Advanced Imaging*

The following updates will apply to the *AIM Clinical Appropriateness Guidelines for Advanced Imaging* for claims with dates of service on and after March 14, 2021.

### Chest imaging, and head and neck imaging

Hoarseness, dysphonia and vocal cord weakness/paralysis — primary voice complaint

- Required laryngoscopy for the initial evaluation of all patients with primary voice complaint

### Brain imaging, and head and neck imaging

Hearing loss

- Added CT temporal bone for evaluation of sensorineural hearing loss in any pediatric patients or in adults for whom MRI is non-diagnostic or unable to be performed
- Higher allowed threshold for consecutive frequencies to establish sensorineural hearing loss
- Removed CT brain as an alternative to evaluating hearing loss based on ACR guidance

Tinnitus

- Removed sudden onset symmetric tinnitus as an indication for advanced imaging

### Head and neck imaging

Sinusitis/rhinosinusitis

- Added more flexibility for the method of conservative treatment in chronic sinusitis
- Required conservative management prior to repeat imaging for patients with prior sinus CT

Temporomandibular joint dysfunction

- Removed requirement for radiographs/ultrasound

Cerebrospinal fluid (CSF) leak of the skull base

- Added scenario for management of known leak with change in clinical condition

### Brain imaging

Ataxia, congenital or hereditary

- Combined with congenital cerebral anomalies to create one section

Acoustic neuroma

- More frequent imaging for a watch and wait or incomplete resection
- New indication for neurofibromatosis type 2 (NF 2)
- More frequent imaging when MRI shows findings suspicious for recurrence
- Single post-operative MRI following gross total resection
- Included pediatrics with known acoustics (rare but NF 2)

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Tumor — not otherwise specified

- Repurposed for surveillance imaging of low grade neoplasms

Seizure disorder and epilepsy

- Limited imaging for the management of established generalized epilepsy
- Required optimal medical management (aligning adult and pediatric language) prior to imaging for management in epilepsy

Headache

- Removed response to treatment as a primary headache red flag
- Include pregnancy as a red flag risk factor

Mental status change and encephalopathy

- Added requirement for initial clinical and lab evaluation to assess for a more specific cause

### Oncologic imaging

General enhancements — Updates to Scope/Definitions, general language standardization

General content enhancements — Overall alignment with current National Comprehensive Cancer Network (NCCN) recommendations, resulting in:

- Removal of indications/parameters not addressed by NCCN
- Average risk inclusion criteria for CT colonography
- New allowances for MRI abdomen and/or MRI pelvis by tumor type, liver metastatic disease
- New indications for acute leukemia (CT, PET/CT), multiple myeloma (MRI, PET/CT), ovarian cancer surveillance (CT), bone sarcoma (PET/CT)
- Updated standard imaging prerequisites prior to PET/CT for bladder/renal pelvis/ureter, colorectal, esophageal/GE junction, gastric and non-small cell lung cancers
- Additional PET/CT management scenarios for cervical cancer, Hodgkin Lymphoma

### Other content enhancements by section:

**Cancer screening:** New indication for pancreatic cancer screening

**Breast cancer:** New PET/CT indication for restaging/treatment response for bone-only metastatic disease and limitation of post-treatment breast MRI after breast conserving therapy or unilateral mastectomy

**Prostate cancer:** MRI pelvis: removal of TRUS biopsy requirement, allowance if persistent/unexplained elevation in PSA or suspicious DRE

**Axumin PET/CT:** Updated inclusion criteria (removal of general MRI pelvis requirement, additional allowance for rising PSA with non-diagnostic mpMRI)

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- Access AIM via the Availity\* Portal at <https://availity.com>.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m. CT

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