

## 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® (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)

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AKY-NU-0353-21 November 2021

- 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.
  - 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

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- AIM's **ProviderPortals<sup>SM</sup>** 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 7 a.m. to 7 p.m. CT.

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](#).



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