

Updates to AIM Specialty Health Advanced Imaging Clinical Appropriateness Guidelines

Effective for dates of service on and after September 11, 2022, 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 spine

- Perioperative and periprocedural imaging – Added requirement for initial evaluation with radiographs

Imaging of the extremities

- Trauma – Added computerized tomography (CT) scan as an alternative to magnetic resonance imaging (MRI) for tibial plateau fracture; added indication for evaluation of supracondylar fracture
- Rotator cuff tear – Combined acute and chronic rotator cuff tear criteria; standardized conservative management duration to 6 weeks
- Shoulder arthroplasty – Modified language to clarify intent regarding limited scenarios where advanced imaging is indicated for total shoulder arthroplasty
- Perioperative imaging – Excluded robotic-assisted hip arthroplasty as robotic-assisted surgery in general does not provide net benefit over conventional arthroplasty

Vascular imaging

- Stenosis or occlusion, extracranial carotid arteries – New indications for post neck irradiation, incidental carotid calcification scenarios
- Stroke/Transient ischemic attack (TIA), extracranial evaluation – Subacute stroke/TIA; computed tomography angiography (CTA)/magnetic resonance angiography (MRA) neck allowed without prerequisite ultrasound (US), in alignment with 2021 American Heart Association (AHA)/American Stroke Association (ASA) guidelines
- Chronic stroke/TIA – New indication; modality approach by circulation presentation
- Pulmonary embolism – Removal of nondiagnostic chest radiograph (CXR) requirement (lower threshold for elevated D-dimer scenarios, thrombosis related to COVID-19 infection, etc.)
- Imaging study modality and/or site expansion – Pulsatile tinnitus, acute aortic syndrome, abdominal venous thrombosis
- Stenosis or occlusion, extracranial carotid arteries – Post-revascularization scenario aligned with the Society for Vascular Surgery (SVS) guidelines to allow annual surveillance regardless of residual stenosis.
- Aneurysm of the abdominal aorta or iliac arteries – Management/surveillance scenarios aligned with SVS guidelines.
- Upper or lower extremity peripheral arterial disease (PAD):

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- Suspected PAD without physiologic testing (including exercise testing) not indicated
- New indication for Popliteal artery aneurysm US surveillance post-repair (2021 SVS guidelines)

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

- Access AIM's *ProviderPortal*SM directly at <https://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 the Availity Portal* at <https://www.availity.com>
- Call the AIM Contact Center toll-free number: **833-419-2139** Monday through Friday from 5 a.m. to 5 p.m. PT

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