

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)
 - 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 **ProviderPortal_{SM}** directly at 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 availability.com.
- Phone at **855-574-6481**, 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. Additionally, you may access and download a copy of the current and upcoming guidelines [online](#).



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