

Updates to AIM Specialty Health Cardiac Clinical Appropriateness Guidelines — Material adverse change (MAC)

This communication applies to Medicaid and Medicare Advantage plans from Empire.

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health®* Cardiology Clinical Appropriateness Guidelines. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, and affordable healthcare services.

Cardiac Imaging — Updates by section

Stress testing with imaging:

- Suspected coronary artery disease (CAD) without symptoms — Indications removed
- Suspected CAD with symptoms — Indications modified
- Need for testing determined by pretest probability
- Definition of *chest pain* expanded to include ischemic equivalent pain elsewhere
- Dyspnea included as standalone symptom
- Imaging modality to be selected by the treating physician
- Exercise preferred over pharmacologic testing in patients referred for stress testing with imaging
- Patients with atypical symptoms to undergo non-imaging stress testing (assuming capable of exercise and no precluding resting EKG abnormalities)
- Established CAD without symptoms — Indications removed
- Established CAD with symptoms — Indications removed

CT coronary angiography (CCTA):

- Indications added — Considerable expansion in use for evaluation of CAD (now a first-line modality)
- Indications added — Preoperative testing indications
- Indications added — Abnormal prior testing indications
- Indications removed — Suspected anomalous coronary arteries (basis for suspicion required)

Fractional Flow Reserve from CCTA (FFR-CT):

- Indication modified — 40% to 90% coronary stenosis in symptomatic patient who has failed **guideline-directed medical therapy** and has undergone CCTA within preceding 90 days

Stress Cardiac MRI:

- Indications added — Considerable expansion in use for evaluation of CAD (now a first-line modality)
- Indications added — Preoperative testing indications
- Indications added — Abnormal prior testing indications

Resting Cardiac MRI:

- Indication added — Fabry disease
- Indications modified — Suspected myocarditis (basis for suspicion required)
- Indications modified — Arrhythmogenic right ventricular dysplasia (ARVD) requirements clarified
- Indications modified — Suspected anomalous coronary arteries (basis for suspicion required)

Resting transthoracic echocardiography (TTE):

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Empire.

- Valvular heart disease — updated frequency of surveillance in patients with prosthetic valves and those who had transcatheter valve replacement/repair; removed requirement of valvular dysfunction for those who had surgical mitral valve repair; removed moderate/severe mitral regurgitation for those who had transcatheter mitral valve repair

Diagnostic Coronary Angiography:

- Indications modified — Clarification that patients with established CAD who have failed GDMT may undergo coronary angiography regardless of how initial diagnosis was made

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM by accessing AIM's **ProviderPortalsSM** 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.**

If you have 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](#).