

Update to AIM Advanced Imaging of the Head and Neck Clinical Appropriateness Guidelines*

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Effective for dates of service on and after June 29, 2019, the following updates will apply to the AIM Advanced Imaging of the Head and Neck Clinical Appropriateness Guidelines.

Sinusitis/rhinosinusitis

- Expanded the scope of complicated sinusitis
- Defined a minimal treatment requirement for uncomplicated sinusitis
- Identified reasons for repeat sinus imaging, aligned with Choosing Wisely
- Subacute sinusitis to be treated as more like acute or chronic rhinosinusitis based on the AAO-HNS acute sinusitis guideline
- Defined indications for preoperative planning for image navigation following a clinical policy statement on appropriate use from the AAO-HNS
- Removed CT screening for immunocompromised patients

Infectious disease – not otherwise specified

- Added MRI TMJ to this indication

Inflammatory conditions – not otherwise specified

- Allow MRI TMJ for suspected inflammatory arthritis following radiographs

Trauma

- Radiograph requirement for suspected mandibular trauma

- MRI TMJ in trauma for suspected internal derangement in surgical candidates

Neck mass(including lymphadenopathy)

- Align adult neck imaging guideline with AAO-HNS guideline
- Expand definition of neck mass beyond palpable (seen on laryngoscopy)
- Allow imaging for pediatric neck masses when initial ultrasound is not diagnostic

Parathyroid adenoma

- Further defined the patient population that needs evaluation
- Removed the requirement for aberrant anatomy in preoperative planning
- Position CT as a diagnostic test after both ultrasound and parathyroid scintigraphy
- Remove MRI as a modality to evaluate based on lack of evidence

Temporomandibular joint dysfunction

- Removed standalone “frozen jaw” indication
- Allow ultrasound in addition to radiographs as preliminary imaging
- Allow advanced imaging without preliminary radiographs or US in the setting of mechanical signs or symptoms
- Changed “Panorex” to “Radiographs” to allow for TMJ radiographs
- Added requirement for conservative treatment and planned intervention for suspected osteoarthritis

Cerebrospinal fluid (CSF) leak of the skull base

- Added modalities and criteria to evaluate for CSF leak

Dizziness or vertigo

- Add Tullio's phenomenon for lateral semicircular canal dehiscence
- Expand definition of abnormal vestibular function testing

Hearing loss

- Added indication for sudden onset hearing loss in adult patients
- More clearly delineated appropriate modalities based on types of hearing loss in pediatric patients
- Allow either CT or MRI for mixed hearing loss

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 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 Web Portal at availity.com
- Call the AIM Contact Center toll-free number at (800) 554-0580, Monday through Friday, 8:30 a.m. to 7:00 p.m. ET.

Please note, this program does not apply to FEP.

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 guidelines [here](#).

URL: <https://providernews.anthem.com/wisconsin/article/update-to-aim-advanced-imaging-of-the-head-and-neck-clinical-appropriateness-guidelines-3>

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