

## Updates to AIM Advanced Imaging clinical appropriateness guideline\*

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Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Advanced Imaging clinical appropriateness guidelines.

### Chest Imaging and Head and Neck Imaging

- Hoarseness, dysphonia, and vocal cord weakness/paralysis – primary voice complaint
- Require laryngoscopy for the initial evaluation of all patients with primary voice complaint

### Brain Imaging and Head and Neck Imaging

- Hearing loss
  - Added CT temporal bone for evaluation of sensorineural hearing loss in any pediatric patients or in adults for whom MRI is non-diagnostic or unable to be performed
  - Higher allowed threshold for consecutive frequencies to establish SNHL
  - Remove CT brain as an alternative to evaluating hearing loss based on ACR guidance
- Tinnitus
  - Remove sudden onset symmetric tinnitus as an indication for advanced imaging

### Head and Neck Imaging

- Sinusitis/rhinosinusitis

- Add more flexibility for the method of conservative treatment in chronic sinusitis.
- Require conservative management prior to repeat imaging for patients with prior sinus CT.
- Temporomandibular joint dysfunction
  - Removed requirement for radiographs/ultrasound
- Cerebrospinal fluid (CSF) leak of the skull base
  - Added scenario for management of known leak with change in clinical condition.

## Brain Imaging

- Ataxia, congenital or hereditary
  - Combine with congenital cerebral anomalies to create one section
- Acoustic neuroma
  - More frequent imaging for a watch and wait or incomplete resection
  - New indication for Neurofibromatosis type 2 (NF 2)**Neurofibromatosis type 2**
  - More frequent imaging when MRI shows findings suspicious for recurrence
  - Single post-operative MRI following gross total resection
  - Include pediatrics with known acoustics (rare but NF 2)
- Tumor – not otherwise specified
  - Repurpose for surveillance imaging of low grade neoplasms
- Seizure disorder and epilepsy
  - Limit imaging for the management of established generalized epilepsy
  - Require optimal medical management (aligning adult and pediatric language) prior to imaging for management in epilepsy
- Headache
  - Remove response to treatment as a primary headache red flag

- Mental status change and encephalopathy
- Added requirement for initial clinical and lab evaluation to assess for a more specific caus

## **Oncologic Imaging**

- General enhancements: Updates to Scope/Definitions, general language standardization
- General Content enhancements: Overall alignment with current national oncology guideline recommendations, resulting in:
  - Removal of indications/parameters not addressed by NCCN
  - Average risk inclusion criteria for CT Colonography
  - New allowances for MRI Abdomen and/or MRI Pelvis by tumor type, liver metastatic disease
  - New indications for Acute Leukemia (CT, PET/CT), Multiple Myeloma (MRI, PET/CT), Ovarian Cancer surveillance (CT), Bone Sarcoma (PET/CT)
  - Updated standard imaging pre-requisites prior to PET/CT for Bladder/Renal Pelvis/Ureter, Colorectal, Esophageal/GE Junction, Gastric and Non-Small Cell Lung Cancers
  - Additional PET/CT management scenarios for Cervical Cancer, Hodgkin Lymphoma
- Other content enhancements by section:
  - Cancer screening: New indication for Pancreatic Cancer screening
  - Breast Cancer: New PET/CT indication for restaging/treatment response for bone-only metastatic disease and limitation of post-treatment Breast MRI after breast conserving therapy or unilateral mastectomy
  - Prostate Cancer: MRI pelvis: removal of TRUS biopsy requirement, allowance if persistent/unexplained elevation in PSA or suspicious DRE
  - Axumin PET/CT: Updated inclusion criteria (removal of general MRI pelvis requirement, additional allowance for rising PSA with non-diagnostic mpMRI)

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- Access AIM's **ProviderPortal**<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.
- Access AIM via the Availity Web Portal at [availability.com](http://availability.com).
- Call the AIM Contact Center toll-free number: 800-554-0580, Monday through Friday, 8:30 a.m. to 7:00 p.m. Eastern time.

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

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