

Updates to AIM Advanced Imaging Clinical Appropriateness Guideline

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Effective for dates of service on and after September 12, 2021, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. Part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services

Advanced Imaging of the Spine – updates by section

- Congenital vertebral defects
 - New requirement for additional evaluation with radiographs
- Scoliosis
 - Defined criteria for which presurgical planning is indicated
 - Requirement for radiographs and new or progressive symptoms for postsurgical imaging
- Spinal dysraphism and tethered cord
 - Diagnostic imaging strategy limiting the use of CT to cases where MRI cannot be performed
 - New requirement for US prior to advanced imaging for tethered cord in infants age 5 months or less
- Multiple sclerosis
 - New criteria for imaging in initial diagnosis of MS
- Spinal infection
 - New criteria for diagnosis and management aligned with IDSA and University of Michigan guidelines

- Axial spondyloarthropathy
 - Defined inflammatory back pain
 - Diagnostic testing strategy outlining radiography requirements
- Cervical injury
 - Aligned with ACR position on pediatric cervical trauma
- Thoracic or lumbar injury
 - Diagnostic testing strategy emphasizing radiography and limiting the use of MRI for known fracture
 - Remove indication for follow-up imaging of progressively worsening pain in the absence of fracture or neurologic deficits
- Syringomyelia
 - Removed indication for surveillance imaging
- Non-specific low back pain
 - Aligned pediatric guidelines with ACR pediatric low back pain guidelines

Advanced Imaging of the Extremities – updates by section

- Osteomyelitis or septic arthritis; myositis
 - Removed CT as a follow up to nondiagnostic MRI due to lower diagnostic accuracy of CT
- Epicondylitis and tenosynovitis – long head of biceps
 - Removed due to lack of evidence supporting imaging for this diagnosis
- Plantar fasciitis and fibromatosis
 - Removed CT as a follow up to nondiagnostic MRI due to lower diagnostic accuracy of CT

- Added specific conservative management requirements
- Brachial plexus mass
 - Added specific requirement for suspicious findings on clinical exam or prior imaging
- Morton's neuroma
 - Added requirements for focused steroid injection, orthoses, plan for surgery
- Adhesive capsulitis
 - Added requirement for planned intervention (manipulation under anesthesia or lysis of adhesions)
- Rotator cuff tear; labral tear – shoulder; labral tear - hip
 - Defined specific exam findings and duration of conservative management
 - Recurrent labral tear now requires same criteria as an initial tear (shoulder only)
- Triangular fibrocartilage complex tear
 - Added requirement for radiographs and conservative management for chronic tear
- Ligament tear – knee; meniscal tear
 - Added requirement for radiographs for specific scenarios
 - Increased duration of conservative management for chronic meniscal tears
- Ligament and tendon injuries – foot and ankle
 - Defined required duration of conservative management
- Chronic anterior knee pain including chondromalacia patella and patellofemoral pain syndrome
 - Lengthened duration of conservative management and specified requirement for chronic anterior knee pain
- Intra-articular loose body
 - Requirement for mechanical symptoms

- Osteochondral lesion (including osteochondritis dissecans, transient dislocation of patella)
 - New requirement for radiographs
- Entrapment neuropathy
 - Exclude carpal and cubital tunnel
- Persistent lower extremity pain
 - Defined duration of conservative management (6 weeks)
 - Exclude hip joint (addressed in other indications)
- Upper extremity pain
 - Exclude shoulder joint (addressed in other indications)
 - Diagnostic testing strategy limiting use of CT to when MRI cannot be performed or is nondiagnostic
- Knee arthroplasty, presurgical planning
 - Limited to MAKO and robotic assist arthroplasty cases
- Perioperative imaging, not otherwise specified
 - Require radiographs or ultrasound prior to advanced imaging

Vascular Imaging – updates by section

Alternative non-vascular modality imaging approaches, where applicable

- Hemorrhage, intracranial
 - Clinical scenario specification of subarachnoid hemorrhage indication.
 - Addition of pediatric intracerebral hemorrhage indication.
- Horner's syndrome; pulsatile tinnitus; trigeminal neuralgia
 - Removal of management scenario to limit continued vascular evaluation

- Stroke/TIA; stenosis or occlusion (intracranial/extracranial)
 - Acute and subacute time frame specifications; removal of carotid/cardiac workup requirement for intracranial vascular evaluation; addition of management specifications
 - Sections separated anatomically into anterior/posterior circulation (carotid artery and vertebral or basilar arteries, respectively)
- Pulmonary embolism
 - Addition of non-diagnostic chest radiograph requirement for all indications
 - Addition of pregnancy-adjusted YEARS algorithm
- Peripheral arterial disease
 - Addition of new post-revascularization scenario to both upper and lower extremity PAD evaluation

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- 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](https://www.availity.com)
- Call the AIM Contact Center toll-free number: 866-714-1107, Monday – Friday, 8:00 a.m. – 5:00 p.m.

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](#).

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