

Updates to AIM Radiation Oncology 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 Radiation Oncology Clinical Appropriateness Guidelines.

Radiation Oncology

- Special Treatment Procedure
 - Removed IV requirement for chemotherapy
- CNS cancer
 - IMRT for Glioblastomas, other gliomas and metastases: Eliminated the 3D plan comparison requirement. Same change for high-grade and low-grade gliomas.
 - IMRT for Metastatic Brain Lesions: Added hippocampal sparing whole brain radiotherapy indication
- Lung cancer
 - Eliminated the plan comparison requirement for IMRT to treat stage III non-small cell lung cancer.
 - SBRT: Removed “due to a medical contraindication” language
 - SBRT: Added “as an alternative to surgical resection” to Stereotactic Body Radiation Therapy
 - Adjusted fractionation maximum for curative treatment of non-small cell lung cancer up to 35 treatments of thoracic radiotherapy.

Proton Beam therapy

- Added new indication for hepatocellular carcinoma and intrahepatic cholangiocarcinoma

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: 800-554-0580, Monday – Friday, 8:30 a.m. – 7:00 p.m. Eastern time.

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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