

## Updates to AIM Specialty Health advanced imaging *Clinical Appropriateness Guidelines*

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Specialty Health®\* advanced imaging of the chest, vascular imaging and AIM oncologic imaging *Clinical Appropriateness Guidelines*.

### Vascular imaging updates by section

- Aneurysm of the abdominal aorta or iliac arteries:
  - Added new indication for asymptomatic enlargement by imaging
  - Clarified surveillance intervals for stable aneurysms as follows:
    - Treated with endografts, annually
    - Treated with open surgical repair, every five years
- Stenosis or occlusion of the abdominal aorta or branch vessels, not otherwise specified:
  - Added surveillance indication and interval for surgical bypass grafts

### Advanced imaging of the chest updates by section

- Tumor or neoplasm:
  - Allowed follow-up of nodules less than 6 mm in size seen on incomplete thoracic CT scan, in alignment with follow-up recommendations for nodules of the same size seen on complete thoracic CT scan
  - Added new criteria for which follow-up is indicated for mediastinal and hilar lymphadenopathy
  - Separated mediastinal/hilar mass from lymphadenopathy, which now has its own entry
- Parenchymal lung disease —not otherwise specified:
  - Removed as it is covered elsewhere in the document (parenchymal disease in occupational lung diseases and pleural disease in other thoracic mass lesions)
- Interstitial lung disease, nonoccupational including idiopathic pulmonary fibrosis:
  - Defined criteria warranting advanced imaging for both diagnosis and management
- Occupational lung disease (adult only):
  - Moved parenchymal component of asbestosis into this indication
  - Added berylliosis
- Chest wall and diaphragmatic conditions:
  - Removed screening indication for implant rupture due to lack of evidence indicating that outcomes are improved
  - Limited evaluation of clinically suspected rupture to patients with silicone implants

### Oncologic imaging updates by section

- MRI breast:
  - New indication for breast implant associated anaplastic large cell lymphoma
  - New indication for pathologic nipple discharge
  - Further define the population of patients most likely to benefit from preoperative MRI
- Breast cancer screening:

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AWI-NU-0190-20 May 2020

- Added new high-risk genetic mutations appropriate for annual breast MRI screening
- Lung cancer screening:
  - Added asbestos-related lung disease as a risk factor

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's *ProviderPortal*<sub>SM</sub> directly at <https://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 Portal\* at <https://www.availity.com>.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m.

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