Updates to AIM Specialty Health Advanced Imaging Clinical Appropriateness Guidelines

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health Advanced Imaging Clinical Appropriateness Guidelines. As part of the AIM Specialty Health guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Updates by Guideline

Imaging of the Brain includes:

- Meningioma – added more frequent surveillance for WHO grade II/III
- Bell's palsy – Limited the use of CT to scenarios where MRI cannot be performed
- Seizure disorder – Added indication for advanced imaging in pediatric patients with nondiagnostic EEG

Imaging of the Head and Neck includes:

- Perioperative imaging – added indication for imaging prior to facial feminization surgery

Imaging of the Chest includes:

- Perioperative imaging – added indication for imaging prior to lung volume reduction procedures
- Imaging abnormalities – added indication for evaluation of suspected tracheal or bronchial pathology

Imaging of the Abdomen/Pelvis includes:

- Uterine leiomyomata – added indication for advanced imaging when US suggests leiomyosarcoma
- Pancreatic indications – added indication for pancreatic duct dilatation
- Pancreatic mass – added allowance for more frequent follow-up of lesions with suspicious features or in high-risk patients
- Pancreatitis – removed allowance for MRI following nondiagnostic CT
- Pelvic floor disorders – added indication for MRI pelvis in chronic constipation when preliminary testing is nondiagnostic
- Abdominal/pelvic pain, undifferentiated – removed indication for MRI following nondiagnostic CT

Oncologic Imaging includes:

- NCCN annual alignments for Breast Cancer screening and the following: Cervical, Head & Neck, Histiocytic Neoplasms, Lymphoma (Non-Hodgkin & Leukemia), Multiple Myeloma, Thoracic, and Thyroid cancers
- Prostate Cancer:
    - Updated respective conventional imaging prerequisites for 18F Fluciclovine/11C PET/CT and 68Ga PSMA/18F-DCFPyL PET/CT, based on the utility of conventional imaging at various PSA thresholds (and removal of low-risk disease waiver from conventional imaging footnote)

- Addition of 68Ga PSMA or 18F-DCFPyL PET/CT indication aligned with FDA-approved use of Pluvicto (radioligand) treatment for metastatic castrate-resistant disease

Cardiac Imaging includes:

- Stress testing with imaging for:
  - Suspected CAD without symptoms – Indications removed
  - Suspected CAD with symptoms – Indications modified
  - Need for testing determined by pretest probability
  - Definition of "chest pain" expanded to include ischemic equivalent pain elsewhere
  - Dyspnea included as a standalone symptom
  - Imaging modality to be selected by the treating physician
  - Exercise preferred over pharmacologic testing in patients referred for stress testing with imaging
  - Patients with atypical symptoms to undergo non-imaging stress testing (assuming capable of exercise and no precluding resting EKG abnormalities)
  - Established CAD without symptoms – indications removed
  - Established CAD with symptoms – indications removed
- CT coronary angiography (CCTA) includes:
  - Indications added – Considerable expansion in use for evaluation of CAD (now a first-line modality)
  - Indications added – Preoperative testing indications
  - Indications added – Abnormal prior testing indications
  - Indications removed – Suspected anomalous coronary arteries (the basis for suspicion required)
  - Fractional Flow Reserve from CCTA (FFR-CT) includes:
  - Indication modified – 40% to 90% coronary stenosis in a symptomatic patient who has failed GDMT and has undergone CCTA within the preceding 90 days
- Stress Cardiac MRI includes:
  - Indications added – Considerable expansion in use for evaluation of CAD (now a first-line modality)
  - Indications added – Preoperative testing indications
  - Indications added – Abnormal prior testing indications
- Resting Cardiac MRI includes:
  - Indication added – Fabry disease
  - Indications modified – Suspected myocarditis (the basis for suspicion required)
  - Indications modified – Arrhythmogenic right ventricular dysplasia (ARVD) requirements clarified
  - Indications modified – Suspected anomalous coronary arteries (the basis for suspicion required)

For questions related to guidelines, please contact AIM Specialty Health at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines here.