

Missouri Provider Communications

Update to AIM Advanced Imaging of the Head and Neck Clinical Appropriateness Guidelines*

Published: Apr 1, 2019

Effective for dates of service on and after June 29, 2019, the following updates will apply to the AIM Advanced Imaging of the Head and Neck Clinical Appropriateness Guidelines.

Sinusitis/rhinosinusitis

- Expanded the scope of complicated sinusitis
- Defined a minimal treatment requirement for uncomplicated sinusitis
- Identified reasons for repeat sinus imaging, aligned with Choosing Wisely
- Subacute sinusitis to be treated as more like acute or chronic rhinosinusitis based on the AAO-HNS acute sinusitis guideline
- Defined indications for preoperative planning for image navigation following a clinical policy statement on appropriate use from the AAO-HNS
- Removed CT screening for immunocompromised patients

Infectious disease – not otherwise specified

- Added MRI TMJ to this indication

Inflammatory conditions – not otherwise specified

- Allow MRI TMJ for suspected inflammatory arthritis following radiographs

Trauma

- Radiograph requirement for suspected mandibular trauma
- MRI TMJ in trauma for suspected internal derangement in surgical candidates

Neck mass(including lymphadenopathy)

- Align adult neck imaging guideline with AAO-HNS guideline

Missouri Provider Communications

- Expand definition of neck mass beyond palpable (seen on laryngoscopy)
- Allow imaging for pediatric neck masses when initial ultrasound is not diagnostic

Parathyroid adenoma

- Further defined the patient population that needs evaluation
- Removed the requirement for aberrant anatomy in preoperative planning
- Position CT as a diagnostic test after both ultrasound and parathyroid scintigraphy
- Remove MRI as a modality to evaluate based on lack of evidence

Temporomandibular joint dysfunction

- Removed standalone “frozen jaw” indication
- Allow ultrasound in addition to radiographs as preliminary imaging
- Allow advanced imaging without preliminary radiographs or US in the setting of mechanical signs or symptoms
- Changed “Panorex” to “Radiographs” to allow for TMJ radiographs
- Added requirement for conservative treatment and planned intervention for suspected osteoarthritis

Cerebrospinal fluid (CSF) leak of the skull base

- Added modalities and criteria to evaluate for CSF leak

Dizziness or vertigo

- Add Tullio’s phenomenon for lateral semicircular canal dehiscence
- Expand definition of abnormal vestibular function testing

Hearing loss

- Added indication for sudden onset hearing loss in adult patients
- More clearly delineated appropriate modalities based on types of hearing

Missouri Provider Communications

loss in pediatric patients

- Allow either CT or MRI for mixed hearing loss

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 availability.com
- Call the AIM Contact Center toll-free number at (800) 554-0580, Monday through Friday, 8:30 a.m. to 7:00 p.m. ET.

Please note, this program does not apply to FEP.

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 guidelines [here](#).

<https://providernews.anthem.com/missouri/article/update-to-aim-advanced-imaging-of-the-head-and-neck-clinical-appropriateness-guidelines-3>

Featured In:

April 2019 Anthem Provider Newsletter - Missouri