

## Update to AIM Specialty Health clinical appropriateness guidelines

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Published: Sep 28, 2018

### **Advanced imaging appropriate use criteria: Imaging of the heart**

Effective for dates of service on and after January 28, 2019, the following updates will apply to the AIM Specialty Health© (AIM), a separate company, clinical appropriateness guidelines: advanced imaging appropriate use criteria: imaging of the heart:

#### **Carotid duplex ultrasound**

- Criteria removed for evaluation of syncope in patients with suspected extracranial arterial disease
- New criteria address evaluation of TAVR (TAVI) in patients with suspected or established extracranial arterial disease

#### **Myocardial perfusion imaging (MPI), stress echocardiography, cardiac PET, and coronary CT angiography (CCTA)**

- Clarifications address exercise-induced syncope and exercise-induced dizziness, lightheadedness or near syncope in symptomatic patients with suspected coronary artery disease

#### **MPI, stress echocardiography, cardiac PET**

- Criteria added to allow annual surveillance of coronary artery disease in patients with established CAD post-cardiac transplant
- Clarified definition of established coronary artery disease when diagnosed by CCTA
  - More restrictive for patients diagnosed with coronary artery disease by prior coronary angiography, as FFR must be  $\leq 0.8$
  - More permissive for patients diagnosed with coronary artery disease by CCTA with FFR  $\leq 0.8$  (patients previously excluded)

#### **Resting transthoracic echocardiography (TTE)**

- New criteria for evaluation of ventricular function in patients who have undergone cardiac transplantation.

#### **Cardiac MRI**

- New criteria allows for annual study to quantify cardiac iron load in chronically ill patients with cardiomyopathy who require frequent blood transfusions (e.g., thalassemia)

# Ohio Provider Communications

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- Removed allowance for annual LV function evaluation when echocardiography is suboptimal

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

- Access AIM's ProviderPortalSM directly at [providerportal.com](http://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](http://availability.com).
- Call the AIM Contact Center toll-free number: 1-800-554-0580, Monday-Friday, 8:30 a.m.-7:00 p.m. ET.

For questions related to guidelines, please contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current guidelines on [AIM's website](#).

Please note, this program does not apply to FEP.

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<https://providernews.anthem.com/ohio/article/update-to-aim-specialty-healthc-clinical-appropriateness-guidelines>

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