

May 1, 2020

Re: AIM Specialty Health Clinical Appropriateness Guidelines update -- Advanced Imaging

Dear Provider:

Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Nevada (Anthem), is writing to inform you of the following updates to the AIM Specialty Health® (AIM) Clinical Appropriateness Guidelines. AIM is a separate company.

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Advanced Imaging of the Chest and AIM Oncologic Imaging Clinical Appropriateness Guidelines.

Advanced Imaging of the Chest:

Tumor or Neoplasm

- Allowed follow up of nodules less than 6 mm in size seen on incomplete thoracic CT, in alignment with follow up recommendations for nodules of the same size seen on complete thoracic CT
- 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 (ILD), non occupational including idiopathic pulmonary fibrosis (IPF)

- 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:

MRI breast

- New indication for BIA-ALCL
- New indication for pathologic nipple discharge
- Further define the population of patients most likely to benefit from preoperative MRI

Breast cancer screening

- 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 **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: 877-291-0366, Monday–Friday, 7:00 a.m.–5:00 p.m. PT.

For questions related to guideline updates, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. To access and download a copy of the current and upcoming guidelines, go to: <http://www.aimspecialtyhealth.com/ClinicalGuidelines.html>.

We value and appreciate you as our partner in providing quality care, and appreciate your continued participation in our network.

Sincerely,



Elizabeth Kraft, M.D.
Medical Director
Anthem Blue Cross and Blue Shield