

April 1, 2019

**Re: AIM Specialty Health Clinical Guidelines update – Advanced Imaging of the Head and Neck**

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 Guidelines. AIM is a separate company.

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
  - 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 loss in pediatric patients
  - Allow either CT or MRI for mixed hearing loss

As a reminder, ordering and servicing providers may submit pre-certification requests to AIM in one of several ways:

- Access AIM **ProviderPortal**<sup>SM</sup> 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 [availity.com](http://availity.com)
- Call the AIM Contact Center toll-free number: 877-291-0366, Monday–Friday, 7:00 a.m.–5:00 p.m. PT.

Please note, this program does not apply to FEP.

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

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

Sincerely,



Allen Marino, M.D.  
 Medical Director  
 Anthem Blue Cross and Blue Shield