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Effective January 28, 2019:
Updates to AIM guidelines for cardiac imaging

Beginning with dates of service on or after January 28, 2019, AIM Specialty Health® is revising its guidelines for certain cardiac imaging procedures. The updates made to these guidelines are focused on advancing efforts to drive clinically appropriate, safe and affordable services.

The list of guideline revisions appears below. You can also view the complete text of the updated guidelines at www.aimspecialtyhealth.com.

Please contact UniCare Provider Relations at UniCareProviderRelations@anthem.com, or by phone at 800-480-7587. Thank you for the quality care you provide to our members.

Carotid duplex ultrasound

- ❑ Criteria removed for evaluation of syncope in patients with suspected extracranial arterial disease
- ❑ *Change rationale:* Align with new literature. Focal neurological findings are the drivers of carotid imaging, and an indication for neurologic symptoms is currently in place.
- ❑ New criteria address evaluation of TAVR (TAVI) in patients with suspected or established extracranial arterial disease
- ❑ *Change rationale:* Align with new literature

Myocardial perfusion imaging (MPI), Stress echocardiography, Cardiac PET, 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
- ❑ *Change rationale:* Align with new literature

Myocardial perfusion imaging (MPI), Stress echocardiography, Cardiac PET

- ❑ Criteria added to allow annual surveillance of coronary artery disease in patients with established CAD post-cardiac transplant
- ❑ *Change rationale:* Continue annual surveillance testing after diagnosis of coronary artery disease
- ❑ 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 ≤0.8
  - more permissive for patients diagnosed with coronary artery disease by CCTA with FFR ≤0.8 (patients previously excluded)
- ❑ *Change rationale:* CCTA is now used for the diagnosis of coronary artery disease

Resting transthoracic echocardiography (TTE)

- ❑ New criteria for evaluation of ventricular function in patients who have undergone cardiac transplantation
- ❑ *Change rationale:* Align with literature

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)
- ❑ *Change rationale:* Address special population based on expert opinion
- ❑ Removed allowance for annual LV function evaluation when echocardiography is suboptimal
- ❑ *Change rationale:* Align with other modalities (TTE, MUGA, etc.)