

Update: March 6, 2023

Implementation Delay – Until further notice, please resume sending radiology prior approval requests for New England Health Plan (NEHP) and Access Blue New England (ABNE) members to Blue Cross VT.

We apologize, but there is an unexpected delay in transitioning radiology prior approval for NEHP and ABNE members to Carelon Medical Benefit Management (formerly AIM Specialty Health).

Below is the original notice with updates noted in **red** font.

January 30, 2023

Dear Provider or Facility:

This notice is to provide details on the following:

- Effect March 1, 2023, AIM Specialty Health name is changing to Carelon Medical Benefits Management
- ~~Effect March 1, 2023, radiology prior approval for New England Health Plan (NEHP) and Access Blue New England (ABNE) members is through Carelon Medical Benefit Management.~~
- Effective April 9, 2023, Carelon Medical Benefits Management Advanced Imaging Appropriateness Guidelines are updated

AIM Specialty Health name change to Carelon Medical Benefits Management

This change should have minimal impact on your practice.

- Portal – no change in portal address. You will continue to have access to www.providerportal.com. The AIM logo will be replaced with a Carelon logo. No changes are made to the case submission process.
- Phone – no inbound phone number changes. The reference to AIM within the recorded scripting will be replaced with Carelon.
- Guidelines -the AIM guideline site will redirect to the Carelon site automatically. The guideline documents will change to the Carelon name.
- Letters – no content change. Any reference to AIM will be replaced with Carelon.

Radiology prior approval for New England Health Plan (NEHP) and Access Blue New England (ABNE)

NEHP/ABNE members are care-managed and case-managed by Blue Cross and Blue Shield of Vermont (Blue Cross VT) when they have selected a primary care provider located in Vermont.

At a date to be determined, radiology prior approval will transition to Carelon Medical Benefits Management. Once the date has been determined, a updated notice will be provided.

~~Effective for dates of service March 1, 2023, or after Carelon Medical Benefits Management will managed the prior approvals. Follow the same process as with Blue Cross VT members.~~

Carelon Medical Benefits Management Advanced Imaging Appropriateness Guidelines updates

Effective for dates of service on and after April 9, 2023, the following updates will apply to the Carelon Medical Benefits Management Advanced Imaging Clinical Appropriateness Guidelines. As part of the Carelon Medical Benefits Management annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Updates by Guideline

Imaging of the Brain

- Meningioma – added more frequent surveillance for WHO grade II/III
- Bell's palsy – Limited the use of CT to scenarios where MRI cannot be performed
- Seizure disorder – Added indication for advanced imaging in pediatric patients with nondiagnostic EEG

Imaging of the Head and Neck

- Perioperative imaging – added indication for imaging prior to facial feminization surgery

Imaging of the Chest

- Perioperative imaging – added indication for imaging prior to lung volume reduction procedures
- Imaging abnormalities – added indication for evaluation of suspected tracheal or bronchial pathology

Imaging of the Abdomen/Pelvis

- Uterine leiomyomata – added indication for advanced imaging when US suggests leiomyosarcoma
- Pancreatic indications – added indication for pancreatic duct dilatation
- Pancreatic mass – added allowance for more frequent follow up of lesions with suspicious features or in high-risk patients
- Pancreatitis – removed allowance for MRI following nondiagnostic CT
- Pelvic floor disorders – added indication for MRI pelvis in chronic constipation when preliminary testing is nondiagnostic
- Abdominal/pelvic pain, undifferentiated – removed indication for MRI following nondiagnostic CT

Oncologic Imaging

- NCCN annual alignments for Breast Cancer screening and the following: Cervical, Head & Neck, Histiocytic Neoplasms, Lymphoma (Non-Hodgkin & Leukemia), Multiple Myeloma, Thoracic, and Thyroid cancers
- Prostate Cancer:
 - Updated respective conventional imaging prerequisites for 18F Fluciclovine/11C PET/CT and 68Ga PSMA/18F-DCFPyL PET/CT, based on utility of conventional imaging at various PSA thresholds (and removal of low-risk disease waiver from conventional imaging footnote).
 - Addition of 68Ga PSMA or 18F-DCFPyL PET/CT indication aligned with FDA-approved use of Pluvicto (radioligand) treatment for metastatic castrate-resistant disease

Imaging of the Heart

Stress testing with imaging

- Suspected CAD without symptoms - Indications removed
- Suspected CAD with symptoms - Indications modified
- Need for testing determined by pretest probability
- Definition of “chest pain” expanded to include ischemic equivalent pain elsewhere
- Dyspnea included as standalone symptom
- Imaging modality to be selected by the treating physician
- Exercise preferred over pharmacologic testing in patients referred for stress testing with imaging
- Patients with atypical symptoms to undergo non-imaging stress testing (assuming capable of exercise and no precluding resting EKG abnormalities)
- Established CAD without symptoms - indications removed
- Established CAD with symptoms - indications removed

CT coronary angiography (CCTA):

- Indications added - Considerable expansion in use for evaluation of CAD (now a first-line modality)
- Indications added - Preoperative testing indications
- Indications added - Abnormal prior testing indications
- Indications removed- Suspected anomalous coronary arteries (basis for suspicion required)

Fractional Flow Reserve from CCTA (FFR-CT):

- Indication modified - 40% to 90% coronary stenosis in symptomatic patient who has failed GDMT and has undergone CCTA within preceding 90 days

Stress Cardiac MRI:

- Indications added - Considerable expansion in use for evaluation of CAD (now a first-line modality)
- Indications added - Preoperative testing indications
- Indications added - Abnormal prior testing indications

Resting Cardiac MRI:

- Indication added - Fabry disease
- Indications modified - Suspected myocarditis (basis for suspicion required)
- Indications modified - Arrhythmogenic right ventricular dysplasia (ARVD) requirements clarified
- Indications modified - Suspected anomalous coronary arteries (basis for suspicion required)

AIM name change to Carelon – NEHP & ABNE PA changes – Carelon Clinical Guideline Changes
January 30, 2023

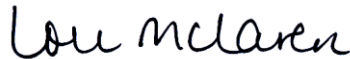
Resting transthoracic echocardiography (TTE):

- Valvular heart disease – updated frequency of surveillance in patients with prosthetic valves and those who had transcatheter valve replacement/repair; removed requirement of valvular dysfunction for those who had surgical mitral valve repair; removed moderate/severe mitral regurgitation for those who had transcatheter mitral valve repair

For questions related to Carelon Medical Benefits Management Advanced Imaging Clinical Appropriateness Guidelines, please contact Carelon via email at aim.guidelines@aimspecialtyhealth.com . Additionally, you may access and download a copy of the current and upcoming guidelines.

Thank you for your time. If you have any questions regarding this notice, feel free to contact your provider relations consultant. If you are not sure who that is, please email providerrelations@bcbsvt.com or call (888) 449-0443 option 1 and you will be directed to the appropriate person. Business hours are Monday through Friday from 8 a.m. to 4:30 p.m., except holidays.

Sincerely,



Lou McLaren
Director, Provider Services