

AIM Specialty Health Cardiology Clinical Appropriateness Guidelines CPT Code List update

This communication applies to the Medicaid and Medicare Advantage programs from Empire.

Effective for dates of service on and after February 1, 2023, the following code updates will apply to the AIM Specialty Health® diagnostic coronary angiography and the percutaneous coronary intervention *Clinical Appropriateness Guidelines*.

Diagnostic coronary angiography:

CPT® code	Description
92973	Percutaneous transluminal coronary thrombectomy mechanical (list separately in addition to code for primary procedure)
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (list separately in addition to code for primary procedure)
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (list separately in addition to code for primary procedure)
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (list separately in addition to code for primary procedure)

Percutaneous coronary intervention:

CPT code	Description
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
C1714	Catheter, transluminal atherectomy, directional
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1760	Closure device, vascular (implantable/insertable)
C1761	Catheter, transluminal intravascular lithotripsy, coronary
C1769	Guide wire

*AIM Specialty Health is an independent company providing some utilization review services on behalf of Empire.

*Availity, LLC is an independent company providing administrative support services on behalf of Empire.

Medicaid: <https://providerpublic.empireblue.com> | **Medicare Advantage:** <https://www.empireblue.com/medicareprovider>

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CPT code	Description
C1874	Stent, coated/covered, with delivery system
C1875	Stent, coated/covered, without delivery system
C1876	Stent, non-coated/non-covered, with delivery system
C1877	Stent, non-coated/non-covered, without delivery system
C1885	Catheter, transluminal angioplasty, laser
C1887	Catheter, guiding (may include infusion/perfusion capability)

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

- Access AIM's **ProviderPortal**SM directly at www.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 Availity* Essentials at availity.com.

Detailed prior authorization requirements are available online at availity.com through the Precertification Lookup Tool.

If you have questions related to guidelines, contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).