

## Medical Coverage Policy | Fluorescein Angiography and Indocyanine-Green Angiography



**EFFECTIVE DATE:** 02/05/2008  
**POLICY LAST UPDATED:** 06/03/2008

### OVERVIEW

This policy documents the coverage determination for Fluorescein Angiography and Indocyanine Green Angiography. Fluorescein angiography is a diagnostic procedure indicated in the evaluation of chorioretinal vascular abnormalities, especially relating to retinal neovascularization, choroidal neovascularization (CNV), non-infective vasculitis, age-related macular degeneration, and diabetic retinopathy. Indocyanine Green Angiography is a diagnostic study where indocyanine green dye is injected intravenously. Photographs are taken of the retina at intervals as increasing intensity of retinal and choroidal circulation is displayed.

### PRIOR AUTHORIZATION

Prior authorization is not required.

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial

Fluorescein angiography (92235), or indocyanine-green angiography (92240) are covered for one (or more) of the indications listed in the diagnosis codes in the attachments below. All other indications are not covered due to lack of efficacy to support medical necessity.

### MEDICAL CRITERIA

Not Applicable

### BACKGROUND

Fluorescein angiography is indicated in the diagnosis and treatment of a wide range of ocular disorders. Its visible fluorescence on leaking from damaged vessels makes it particularly useful in the diagnosis of retinal vascular disorders and in monitoring the treatment of conditions amenable to laser photocoagulation and anti-VEGF injection therapies. The dye is injected intravenously and serial photographs are taken through the pupil. While morphological characteristics alone may be pathognomic of certain disease states, the timing of the appearance of the dye in the choroid, in the central retinal artery and in the filling (or otherwise) of the quadrants has diagnostic implications.

Indocyanine Green Angiography is a diagnostic study where indocyanine green dye is injected intravenously. Photographs are taken of the retina at intervals as increasing intensity of retinal and choroidal circulation is displayed.

- Fluorescein Angiography

Fluorescein angiography is a diagnostic procedure indicated in the evaluation of chorioretinal vascular abnormalities, especially relating to retinal neovascularization, choroidal neovascularization (CNV), non-infective vasculitis, age-related macular degeneration, and diabetic retinopathy. It may also be appropriate in evaluating intraocular tumors, visual loss in systemic disease, and optic disc edema. The medical necessity for such angiography would generally be in the context of a changing clinical picture.

Fluorescein angiography following treatment, for example of CNV or diabetic macular edema, is necessary to monitor for recurrence or to detect additional treatable disease. Usually this is performed on the basis of a change in the clinical picture similar to the way it is employed prior to treatment. However, fluorescein angiography may be performed following treatment without clinical change in order to detect occult lesions. This will occur most often in CNV and very rarely in other diseases such as diabetic macular edema and venous occlusive diagnosis.

- Indocyanine Green Angiography (ICG)

Indocyanine Green (ICG) Angiography is effective when used in the diagnosis and treatment of ill-defined choroidal neovascularization (e.g., associated with age-related macular degeneration).

Indocyanine Green Angiography is a valuable diagnostic adjunct to fluorescein angiography in evaluating the following conditions:

- Retinal neovascularization
- Serous detachment of retinal pigment epithelium
- Hemorrhagic detachment of retinal pigment epithelium
- Retinal hemorrhage
- Evidence of ill-defined subretinal neovascular membrane or suspicious membrane on previous fluorescein angiography
- Retinal Pigment Epithelium (RPE) does not show subretinal neovascular membrane on current fluorescein angiography.
- Presence of subretinal hemorrhage or hemorrhagic retinal pigment epithelium (RPE). A fluorescein angiography need not be previously done.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Diagnostic Imaging, Laboratory, and Radiology benefits/coverage.

### CODING

#### Blue CHiP for Medicare and Commercial

The following codes are covered:

92235 92240

**Fluorescein Angiography (92235):** Diagnosis Codes that support medical necessity:



ICD-9 Codes  
Fluorescein Angiogra



ICD10 Codes  
Fluorescein Angiogra

**Indocyanine-Green Angiography (92240):** Diagnosis Codes that support medical necessity:



ICD-9 Codes  
Indocyanine Green Ai



ICD-10 Codes  
Indocyanine Green Ai

### RELATED POLICIES

None

## PUBLISHED

Provider Update	Aug 2014
Policy Update	Apr 2008
Policy Update	Apr 2007

## REFERENCES

Centers for Medicare and Medicaid Services, CMS.gov Local Coverage Determination for Fluorescein or Indocyanine Green Angiography (L30727):

[http://coverage.cms.fu.com/mcd\\_archive/viewlcd.asp?lcd\\_id=30727&lcd\\_version=15&show=all](http://coverage.cms.fu.com/mcd_archive/viewlcd.asp?lcd_id=30727&lcd_version=15&show=all)

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