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MEDICARE REIMBURSEMENT FOR FLUORESCEIN AND ICG ANGIOGRAPHY

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1

QUESTION: What are FA and ICG tests performed with Heidelberg Engineering's SPECTRALIS®?

ANSWER: Fluorescein angiography (FA) is a test that allows imaging of the vascular system in the retina and choroid. It is performed by injecting fluorescein dye into a vein and taking a series of photographs of the retina and choroid as the dye flows through the blood vessels in the eye.

Indocyanine-green (ICG) is a fluorescent dye that binds to the proteins in plasma, enabling spectral imaging of the optical vascular system. ICG fluoresces in the infrared, which penetrates through the retinal pigment epithelium (RPE), so it allows for an angiogram of the choroidal vasculature.

2

QUESTION: What are the indications for these tests?

ANSWER: FA allows the clinician to evaluate a wide variety of retinal diseases, such as proliferative diabetic retinopathy, macular edema, vascular occlusive disease, age related macular degeneration, and ocular tumors, as well as other retinal pathology. Many third-party payors publish policies identifying covered indications for testing.

ICG angiography is performed to assess conditions of the choroid. A few Medicare Administrative Contractors (MACs) have published lists of valid diagnoses. While these lists differ slightly from contractor to contractor, the common diagnoses include diseases of the choroid and subretinal anatomy (*e.g.*, SRNVM, serous or hemorrhagic detachment of the RPE, and subretinal hemorrhage). Note that covered diagnoses for ICG angiography may overlap with, but are not the same as, those for fluorescein angiography. Check your local Medicare coverage policy for a detailed list.

3

QUESTION: Does Medicare cover FA and ICG?

ANSWER: Yes, for covered indications and as part of the overall evaluation and management of disease. For example, FA following treatment of choroidal neovascularization (CNV) is necessary to monitor for recurrence or to detect additional treatable lesions. Medical necessity for testing usually occurs in the presence of a change in the clinical assessment. Check your local coverage determination (LCD) policy for guidance.

4

QUESTION: What documentation is required in the medical record to support these claims?

ANSWER: A physician's interpretation and report are required. A brief notation such as "abnormal" does not suffice. In addition to the images, the medical record should include:

- order for the test with medical rationale
- date of the test
- reliability of the test (*e.g.*, poor due to cataract)
- test findings (*e.g.*, retinal hemorrhages)
- comparison with prior tests (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- physician's signature, and date

5

QUESTION: Is the physician's presence required during testing?

ANSWER: Yes. Because an intravenous dye is being introduced, *direct supervision* is indicated. Direct supervision means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the test, but need not be in the room. The claim must identify the supervising physician as the billing physician. [1,2]

April 1, 2025

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6

QUESTION: What CPT codes should we use to describe these tests?

ANSWER: There are 3 codes:

92235 Fluorescein angiography (includes multi-frame imaging) with interpretation and report, unilateral or bilateral

92240 Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral

92242 Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

7

QUESTION: What does Medicare allow for these tests?

ANSWER: These codes are defined by Medicare as bilateral so are paid once whether one or both eyes are tested. The 2025 national Medicare Physician Fee Schedule amounts are as follows. These amounts are adjusted in each area by local wage indices. Other payors set their own rates, which may differ significantly from Medicare's.

Code	Global	TC	PC
92235	$153	$112	$40
92240	$229	$184	$45
92242	$314	$263	$52

These codes are subject to Medicare's Multiple Procedure Payment Reduction (MPPR). This reduces the allowable for the technical component of the second and/or lesser-valued test when more than one test is performed on the same day.

8

QUESTION: Are there restrictions on other codes that may be billed the same day?

ANSWER: According to Medicare's National Correct Coding Initiative (NCCI) edits, separate reimbursement is allowed for FA and/or ICG when performed in conjunction with an exam (except 99211). Most other diagnostic tests are also permitted, although fluorescein angioscopy (92230) is bundled with 92235, and fundus photography (92250) is mutually exclusive with 92240 and 92242.

9

QUESTION: If coverage for these tests is unlikely or uncertain, how should we proceed?

ANSWER: Explain to the patient why you feel the test is necessary, and that Medicare or other third party payor will likely deny the claim. Ask the patient to assume financial responsibility for the charge. A financial waiver can take several forms, depending on insurance.

- An Advance Beneficiary Notice of Noncoverage (ABN) is required for services where Part B Medicare coverage is ambiguous or doubtful, and may be useful where a service is never covered. You may collect your fee from the patient at the time of service or wait for a Medicare denial. If both the patient and Medicare pay, promptly refund the patient or show why Medicare paid in error.
- For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.
- For Part C Medicare (Medicare Advantage), determination of benefits is required to identify beneficiary financial responsibility prior to performing noncovered services; MA Plans have their own waiver forms and processes.

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1 42 CFR 410.26(b)(5). Billing physician as the supervising physician

2 80 FR 70885 CMS-1631-FC. 2016 Medicare Program; revisions to payment policies under the physician fee schedule.

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