

Local Coverage Determination (LCD): Ophthalmic Angiography (Fluorescein and Indocyanine Green) (L34426)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

LCD Information

Document Information

LCD ID

L34426

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Ophthalmic Angiography (Fluorescein and Indocyanine Green)

Revision Effective Date

For services performed on or after 10/24/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL34426

Retirement Date

N/A

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Statement

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Notice Period Start Date

09/08/2016

Notice Period End Date

10/23/2016

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1862 (a)(14) defines other than physician services.

Title XVIII of the Social Security Act, §1862 (a)(7) excludes routine physical examinations.

42 CFR §410.32 (a) indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

42 CFR §410.74 defines physician assistants' services.

42 CFR §410.75 defines nurse practitioners' services.

42 CFR §410.76 defines clinical nurse specialists' services.

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1, §§80.2, 80.2.1, 80.3 & 80.3.1

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Fluorescein

Fluorescein angiography is used in the diagnosis and treatment of a wide range of ocular disorders. Its visible fluorescence leaking from damaged vessels makes it particularly useful in the diagnosis of retinal vascular disorders and monitoring treatment of conditions amenable to laser photocoagulation.

The dye is injected intravenously and serial photographs are taken through the pupil. While morphological characteristics alone may be pathognomonic of certain disease states, the timing of appearance of the dye in the choroid, in the central retinal artery and in the filling (or otherwise) of the quadrants have diagnostic implications.

Indocyanine Green

Indocyanine green dye is injected intravenously into the patient to highlight the vessels in the retina and the deeper tissue layer of the choroid. Under infrared light, indocyanine green fluoresces allowing the choroidal vessels to be visualized through the retinal pigment epithelium or in the presence of retinal or vitreous hemorrhage that would otherwise obscure visualization. Indocyanine green angiography (ICG) is effective in the diagnosis and treatment of ill-defined choroidal neovascularization (e.g., associated with age related macular degeneration (AMD)). It is also useful in the evaluation of feeder vessels, choroidal leakages in the late phase and ruptures of the pigment epithelium.

Indications:

Fluorescein

Fluorescein angiography with interpretation is medically necessary as an adjunct to the diagnosis of chorioretinal vascular abnormalities especially relating to choroid neovascularization, noninfective vasculitis and age related macular degeneration. It may also be appropriate in evaluating intraocular tumors, visual loss in systemic disease, acute exudative inflammations such as toxoplasmosis and optic disc edema. Medical necessity for such angiography would generally be in the context of a changing clinical picture. Fluorescein angiography may be useful in diabetic retinopathy in identifying ischemia and neovascularization, locating microaneurysms and defining macular edema.

Fluorescein angiography following treatment, for example, of choroidal neovascularization (CNV) 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.

Indocyanine Green

Indocyanine green angiography (ICG) may be a valuable diagnostic adjunct to fluorescein angiography in the evaluation of the following conditions:

- Retinal neovascularization
- Choroid neovascularization
- Serous detachment of retinal pigment epithelium
- Hemorrhagic detachment of retinal pigment epithelium
- Retinal hemorrhage

Limitations:

Fluorescein

Studies performed for screening will be denied by Medicare as not medically necessary.

Fluorescein angiography must be performed under the direct supervision (physician present in the office and immediately available) of a physician when done by a non-physician practitioner.

If excluded by State law, optometrists may not be reimbursed for fluorescein angiography.

Fluorescein angiography of an asymptomatic contralateral eye without new abnormalities on ophthalmoscopic exam, in patients with unilateral AMD or other disease, will be denied as not medically necessary. Evidence of medical necessity must be documented in the medical record for each eye.

Indocyanine Green

Indocyanine green angiography must be performed under the direct supervision (physician present in the office and immediately available) of a physician when done by a non-physician practitioner.

If excluded by State law, optometrists may not be reimbursed for ICG angiography.

Indocyanine green is formulated with iodine and should not be used on patients who are allergic to iodine.

ICG for the evaluation of patients with background diabetic retinopathy is not considered to be a medically necessary service.

ICG angiography of an asymptomatic contralateral eye without new abnormalities on ophthalmoscopic exam, in patients with unilateral AMD or other disease, will be denied as not medically necessary. Evidence of medical necessity must be documented in the medical record for each eye.

Studies performed for screening will be denied by Medicare as not medically necessary.

Other Comments:

Limitation of liability and refund requirements apply when denials are based on medical necessity. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be considered medically necessary by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For outpatient settings other than Comprehensive Outpatient Rehabilitation Facilities (CORFs), references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care as authorized by State law. (See Section **CMS National Coverage Policy**).

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for fluorescein and indocyanine green angiography as it is covered by Medicare. (See "Coverage Indications, Limitations, and/or Medical Necessity"). This documentation includes, but is not limited to, relevant medical history, physical examination and results of pertinent diagnostic tests or procedures.

Copies of fluorescein and indocyanine green angiograms (photographic or digital) must be retained in the patient's medical records. An interpretation and report of the test must also be included, in addition to the photographs themselves.

The medical record should include documentation of one of the following when indocyanine green angiography is performed:

- 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. A fluorescein angiography need not have been done previously.

Evidence of medical necessity must be documented in the medical record for each eye.

Documentation, including photos, supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the A/B MAC upon request.

Utilization Guidelines

Fluorescein angiography is considered medically necessary no more than nine (9) times per eye in 365 days. Claims exceeding this frequency will be suspended and reviewed for medical necessity.

Indocyanine green angiography is considered medically necessary no more than nine (9) times per eye in 365 days. Claims exceeding this frequency will be suspended and reviewed for medical necessity.

Fluorescein angiography performed within 30 days of indocyanine green angiography will be denied as not medically necessary, unless there is documentation in the patient's medical record of co-existing diseases such as age-related macular degeneration or diabetes.

Sources of Information

N/A

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/24/2019	R18	<p>This LCD is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs. There has been no change in coverage with this LCD revision. Title XVIII of the Social Security Act, §1833(e) was removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding: Ophthalmic Angiography (Fluorescein and Indocyanine Green) A56774 article. Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
08/01/2019	R17	<p>All coding located in the Coding Information section has been moved into the related Billing and Coding: Ophthalmic Angiography (Fluorescein and Indocyanine Green) A56774 article and removed from the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Provider Education/Guidance
07/05/2018	R16	<p>Under Coverage Indications, Limitations and/or Medical Necessity – Indications added bullet in front of “Retinal hemorrhage”. Under Coverage Indications, Limitations and/or Medical Necessity – Other Comments added the verbiage Comprehensive Outpatient Rehabilitation Facilities before the acronym CORFs. Under Bibliography changes were made to citations to reflect AMA citation guidelines. Punctuation was corrected as appropriate throughout the policy.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Provider Education/Guidance Public Education/Guidance
02/26/2018	R15	<p>The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.</p>	<ul style="list-style-type: none"> Change in Affiliated Contract Numbers
01/29/2018	R14	<p>The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being</p>	<ul style="list-style-type: none"> Change in Affiliated

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		served by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.	Contract Numbers
10/01/2017	R13	<p>Under ICD-10 Codes That Support Medical Necessity Group 1: Codes added ICD-10 codes H44.2A1, H44.2A2, H44.2A3, H44.2B1, H44.2B2, H44.2B3, H44.2E1, H44.2E2 and H44.2E3. This revision is due to the 2017 Annual ICD-10 Code Updates.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
08/03/2017	R12	<p>Under CMS National Coverage Policy corrected the titles for 42 CFR §410.74, §410.75, and §410.76. Under ICD-10 Codes That Support Medical Necessity-ICD-10 Codes for Fluorescein Angiography (92235) - Group 1: Codes deleted H34.10, M05.411, M05.412, M05.421, M05.422, M05.431, M05.432, M05.441, M05.442, M05.451, M05.452, M05.461, M05.462, M05.471, M05.472, M05.49, M05.511, M05.512, M05.521, M05.522, M05.531, M05.532, M05.541, M05.542, M05.551, M05.552, M05.561, M05.562, M05.571, M05.572, M05.59, M05.711, M05.712, M05.721, M05.722, M05.731, M05.732, M05.741, M05.742, M05.751, M05.752, M05.761, M05.762, M05.771, M05.772, M05.79, M05.811, M05.812, M05.821, M05.822, M05.831, M05.832, M05.841, M05.842, M05.851, M05.852, M05.861, M05.862, M05.871, M05.872, M05.89, M05.9, M06.011, M06.012, M06.021, M06.022, M06.031, M06.032, M06.041, M06.042, M06.051, M06.052, M06.061, M06.062, M06.071, M06.072, M06.08, M06.09, M06.211, M06.212, M06.221, M06.222, M06.231, M06.232, M06.241, M06.242, M06.251, M06.252, M06.261, M06.262,</p>	<ul style="list-style-type: none"> Provider Education/Guidance Typographical Error Reconsideration Request

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		M06.271, M06.272, M06.28, M06.29, M06.311, M06.312, M06.321, M06.322, M06.331, M06.332, M06.341, M06.342, M06.351, M06.352, M06.361, M06.362, M06.371, M06.372, M06.38, M06.39, M06.811, M06.812, M06.821, M06.822, M06.831, M06.832, M06.841, M06.842, M06.851, M06.852, M06.861, M06.862, M06.871, M06.872, M06.88, and M06.89. Under ICD-10 Codes That Support Medical Necessity-ICD-10 Codes for Indocyanine Green Angiography (92240)-Group 2: Codes deleted H35.059 and added ICD-10 codes D31.31 and D31.32. Under Sources of Information and Basis for Decision corrected punctuation and spelling, and deleted the two National Guideline Clearinghouse citations as these were archived.	
05/15/2017	R11	Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added ICD-10 codes H59.031, H59.032 and H59.033.	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To ICD-10-CM Code Changes • Reconsideration Request
01/01/2017	R10	Under ICD-10 Codes that Support Medical Necessity Group 2: Codes added ICD-10 codes H34.01 and H34.02.	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To ICD-10-CM Code Changes
01/01/2017	R9	Under CPT/HCPCS Codes Group 1 Paragraph added an asterisk and the verbiage "CPT Code 92242 can only be billed with a single diagnosis if that diagnosis is a covered diagnosis for both CPT Code 92235 and CPT Code 92240. If the diagnosis to be billed for CPT 92242 is only a covered diagnosis for one of the two procedures encompassed in CPT 92242, the provider also needs to include a second diagnosis code on the claim that is a covered diagnosis for the other of the two studies in order to indicate that there exists a covered diagnosis for both studies included in CPT 92242. Under CPT/HCPCS Codes Group 1 added CPT Code 92242 and code descriptions changed for CPT Codes 92235 and 92240. This revision is due to the 2017 Annual CPT/HCPCS Update and becomes effective 01/01/17.	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
11/28/2016	R8	Under ICD-10 Codes that Support Medical Necessity	<ul style="list-style-type: none"> • Provider

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		Group 1: Codes added ICD-10 codes H35.3111, H35.3112, H35.3113, H35.3114, H35.3121, H35.3122, H35.3123, H35.3124, H35.3131, H35.3132, H35.3133, H35.3134, H35.3211, H35.3212, H35.3213, H35.3221, H35.3222, H35.3223, H35.3231 and H35.3232 as these codes were inadvertently omitted. This revision is due to the Annual ICD-10 Update. These codes are effective on or after October 01, 2016. Also, added ICD-10 codes H35.3233, H35.361, H35.362, H35.363, H43.11, H43.12, H43.13, H43.821, H43.822, H43.823 and Z79.899 due to a reconsideration request.	<p>Education/Guidance</p> <ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes • Reconsideration Request
10/24/2016	R7	Under ICD-10 Codes That Support Medical Necessity Group 1: Codes and Group 2: Codes added ICD-10 codes H34.03, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131, H34.8132, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331 and H34.8332. This revision is due to the Annual ICD-10 Code Update and becomes effective 10/24/16.	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To ICD-10-CM Code Changes
10/24/2016	R6	Under ICD-10 Codes That Support Medical Necessity: Group 1 added E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E08.3511, E08.3512, E08.3513, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E08.37X1, E08.37X2, E08.37X3, E09.3211, E09.3212, E09.3213, E09.3291, E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412, E09.3413, E09.3491, E09.3492, E09.3493, E09.3511, E09.3512, E09.3513, E09.3521, E09.3522, E09.3523, E09.3531, E09.3532, E09.3533, E09.3541, E09.3542, E09.3543, E09.3551, E09.3552, E09.3553, E09.3591, E09.3592, E09.3593, E09.37X1, E09.37X2, E09.37X3, E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E10.3599, E10.37X1, E10.37X2, E10.37X3, E11.3211, E11.3212, E11.3213, E11.3291, E11.3292,	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E11.37X1, E11.37X2, E11.37X3, E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311, E13.3312, E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412, E13.3413, E13.3491, E13.3492, E13.3493, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, E13.37X1, E13.37X2, E13.37X3, E78.00, E78.01, E89.820, E89.821, E89.822, and E89.823. Under ICD-10 Codes That Support Medical Necessity: Group 1 deleted E08.329, E08.341, E09.329, E09.339, E09.341, E11.329, E11.331, E13.359, H34.831, E08.321, E08.349, E09.321, E09.331, E09.351, E10.341, E10.351, E08.339, E08.359, E09.359, E10.321, E10.339, E10.349, E10.329, E10.331, E10.359, E11.341, E11.359, E13.329, E13.331, E13.349, H34.811, E11.349, E11.351, E13.321, E13.339, E13.341, H34.812, H34.813, H34.833, E11.321, E11.339, E13.351, H34.832, H35.32, E08.331, E08.351, and E09.349. Under ICD-10 Codes That Support Medical Necessity: Group 2 added H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, and H35.3233. Under ICD-10 Codes That Support Medical Necessity: Group 2 deleted H35.32. This revision is due to the Annual ICD-10 Code Update and becomes effective October 1, 2016.</p>	
10/24/2016	R5	<p>Comments were received from the provider community and are attached to the LCD under the Related Local Coverage Documents. Under ICD-10 Codes that DO NOT Support Medical Necessity deleted the Group 1: Paragraph and all Group 1: Codes due to comments received.</p>	<ul style="list-style-type: none"> Provider Education/Guidance
08/04/2016	R4	<p>Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E09.321, E09.329, E09.339, E09.341, E09.349, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E13.321, E13.329, E13.331, E13.339, E13.341 and</p>	<ul style="list-style-type: none"> Reconsideration Request

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		E13.349. Under ICD-10 Codes that Support Medical Necessity Group 2: Codes added H35.053 and H35.32.	
10/01/2015	R3	This LCD is being reactivated effective 10/01/2015 due to the implementation of Change Request 9252, Transmittal 1537, One-Time Notification related to NCDs 80.2, 80.2.1, 80.3 and 80.3.1. Under CMS National Coverage Policy added "a" to the following: 42 CFR §410.32 and added section 80.3.1 to the following: CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1. Under ICD-10 Codes That Support Medical Necessity-Group 1 ICD-10 Codes for Fluorescein Angiography (92235) deleted ICD-10 codes H35.30 and H35.31 as these are non-covered codes and added ICD-10 codes B39.4 and B39.5. Under Associated Information-Documentation Requirements deleted "J11" from the last sentence of the last paragraph. Under Sources of Information and Basis for Decision deleted the author names Virgili G and Bini A from the following cited source: Laser photocoagulation of subfoveal neovascular lesions of age-related macular degeneration. Updated findings from two clinical trials. Macular Photocoagulation Study Group. <i>Arch Ophthalmol</i> . 1993;111(9):1200-1209.	<ul style="list-style-type: none"> • Provider Education/Guidance • Other
04/17/2015	R2		<ul style="list-style-type: none"> • LCD Being Retired
10/01/2015	R1	Under CMS National Coverage Policy added citations for Pub. 100-03, Chapter 1, Part 1 Sections 80.2 and 80.2.1. Under Coverage indications, Limitations and/or Medical Necessity corrected the second sentence to read "Its visible fluorescence leaking from damaged vessels makes it particularly useful in the diagnosis of retinal vascular disorders and monitoring treatment of conditions amenable to laser photocoagulation". Under Sources of Information and Basis for Decision corrected url links to become hyperlinks where applicable, made grammatical and punctuation corrections to several citations, and added authors Virgili G and Bini A to citation for Laser photocoagulation of subfoveal neovascular lesions.	<ul style="list-style-type: none"> • Provider Education/Guidance • Other (Annual Validation)

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A56774 - Billing and Coding: Ophthalmic Angiography (Fluorescein and Indocyanine Green)

A55314 - Response to Comments: Ophthalmic Angiography (Fluorescein and Indocyanine Green) LCD L34426

LCD(s)

DL34426

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 10/14/2019 with effective dates 10/24/2019 - N/A

Updated on 07/26/2019 with effective dates 08/01/2019 - 10/23/2019

Updated on 06/29/2018 with effective dates 07/05/2018 - 07/31/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- Ophthalmic Angiography