

LCD for Fluorescein Angiography (L26672)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05102, 05202, 05302, 05402

Contractor Type

MAC - Part B

LCD Information

LCD ID Number

L26672

LCD Title

Fluorescein Angiography

Contractor's Determination Number

OPHTH-516

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Oversight Region

Region I
Region X

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date**Revision Effective Date**

For services performed on or after 08/01/2009

Revision Ending Date**Indications and Limitations of Coverage and/or Medical Necessity**

Fluorescein angiography is used in the diagnosis and treatment of a wide range of ocular disorders. Visible fluorescein 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 dilated pupil. While morphological characteristics alone may be pathognomonic of certain disease states, the timing of dye appearance in the choroid, in the central retinal artery and in the filling (or otherwise) of the quadrants have diagnostic implications.

A trace of Sodium Iodide as a contaminant of the dye may have clinical implications in patients allergic to shellfish.

Medical necessity of fluorescein angiography is established as an adjunct to the diagnosis of chorioretinal vascular abnormalities especially relating to choroid neovascularization, non-infective vasculitis, age related macular degeneration, diabetic retinopathy and retinal vascular occlusions. It may also be appropriate in evaluating intraocular tumors, visual loss in systemic disease and optic disc edema. Medical necessity for such angiography would generally be in the context of a changing clinical picture.

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. It would be unusual to need more than 7 fluoresceins on an eye in a 12-month period.

All of the coverage criteria must be met before this service can be reimbursed by Medicare.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT
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ICD-9 Codes that Support Medical Necessity

115.02	HISTOPLASMA CAPSULATUM RETINITIS
115.92	HISTOPLASMOSIS RETINITIS UNSPECIFIED
130.2	CHORIORETINITIS DUE TO TOXOPLASMOSIS
135	SARCOIDOSIS
190.5	MALIGNANT NEOPLASM OF RETINA
190.6	MALIGNANT NEOPLASM OF CHOROID
224.5	BENIGN NEOPLASM OF RETINA
224.6	BENIGN NEOPLASM OF CHOROID
228.03	HEMANGIOMA OF RETINA
228.09	HEMANGIOMA OF OTHER SITES
250.50 - 250.53	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
340	MULTIPLE SCLEROSIS

348.2	BENIGN INTRACRANIAL HYPERTENSION
360.00 - 360.04	PURULENT ENDOPHTHALMITIS UNSPECIFIED - VITREOUS ABSCESS
360.11 - 360.19	SYMPATHETIC UVEITIS - OTHER ENDOPHTHALMITIS
360.20 - 360.29	DEGENERATIVE DISORDER OF GLOBE UNSPECIFIED - OTHER DEGENERATIVE DISORDERS OF GLOBE
360.30 - 360.33	HYPOTONY OF EYE UNSPECIFIED - HYPOTONY ASSOCIATED WITH OTHER OCULAR DISORDERS
361.10 - 361.19	RETINOSCHISIS UNSPECIFIED - OTHER RETINOSCHISIS AND RETINAL CYSTS
361.2	SEROUS RETINAL DETACH
361.81	TRACTION DETACH OF RETINA
362.01 - 362.07	BACKGROUND DIABETIC RETINOPATHY - DIABETIC MACULAR EDEMA
362.11 - 362.18	HYPERTENSIVE RETINOPATHY - RETINAL VASCULITIS
362.29	OTHER NONDIABETIC PROLIFERATIVE RETINOPATHY
362.30 - 362.37	RETINAL VASCULAR OCCLUSION UNSPECIFIED - VENOUS ENGORGEMENT OF RETINA
362.40 - 362.43	RETINAL LAYER SEPARATION UNSPECIFIED - HEMORRHAGIC DETACH OF RETINAL PIGMENT EPITHELIUM
362.50 - 362.57	MACULAR DEGENERATION (SENILE) OF RETINA UNSPECIFIED - DRUSEN (DEGENERATIVE) OF RETINA
362.60 - 362.66	PERIPHERAL RETINAL DEGENERATION UNSPECIFIED - SECONDARY VITREORETINAL DEGENERATIONS
362.70 - 362.77	HEREDITARY RETINAL DYSTROPHY UNSPECIFIED - RETINAL DYSTROPHIES PRIMARILY INVOLVING BRUCH'S MEMBRANE
362.81 - 362.84	RETINAL HEMORRHAGE - RETINAL ISCHEMIA
363.00 - 363.08	FOCAL CHORIORETINITIS UNSPECIFIED - FOCAL RETINITIS AND RETINOCHOROIDITIS PERIPHERAL
363.10 - 363.15	DISSEMINATED CHORIORETINITIS UNSPECIFIED - DISSEMINATED RETINITIS AND RETINOCHOROIDITIS PIGMENT EPITHELIOPATHY
363.20	CHORIORETINITIS UNSPECIFIED
363.21	PARS PLANITIS
363.22	HARADA'S DISEASE

363.31	SOLAR RETINOPATHY
363.42	DIFFUSE SECONDARY ATROPHY OF CHOROID
363.43	ANGIOID STREAKS OF CHOROID
363.50 - 363.57	HEREDITARY CHOROIDAL DYSTROPHY OR ATROPHY UNSPECIFIED - OTHER DIFFUSE OR GENERALIZED DYSTROPHY OF CHOROID TOTAL
363.61	CHOROIDAL HEMORRHAGE UNSPECIFIED
363.62	EXPULSIVE CHOROIDAL HEMORRHAGE
363.63	CHOROIDAL RUPTURE
363.70	CHOROIDAL DETACH UNSPECIFIED
363.71	SEROUS CHOROIDAL DETACH
363.72	HEMORRHAGIC CHOROIDAL DETACH
364.24	VOGT-KOYANAGI SYNDROME
364.42	RUBEOSIS IRIDIS
365.63	GLAUCOMA ASSOCIATED WITH VASCULAR DISORDERS OF EYE
368.10	SUBJECTIVE VISUAL DISTURBANCE UNSPECIFIED
368.14	VISUAL DISTORTIONS OF SHAPE AND SIZE
368.16	PSYCHOPHYSICAL VISUAL DISTURBANCES
368.54	ACHROMATOPSIA
377.00 - 377.04	PAPILLEDEMA UNSPECIFIED - FOSTER-KENNEDY SYNDROME
377.16	HEREDITARY OPTIC ATROPHY
377.21	DRUSEN OF OPTIC DISC
377.22	CRATER-LIKE HOLES OF OPTIC DISC
377.24	PSEUDOPAPILLEDEMA
377.30	OPTIC NEURITIS UNSPECIFIED
377.31	OPTIC PAPILLITIS
377.41	ISCHEMIC OPTIC NEUROPATHY
377.43	OPTIC NERVE HYPOPLASIA
379.07	POSTERIOR SCLERITIS
379.21 - 379.25	VITREOUS DEGENERATION - VITREOUS MEMBRANES AND STRANDS
379.60 - 379.63	INFLAMMATION (INFECTION) OF POSTPROCEDURAL BLEB, UNSPECIFIED - INFLAMMATION (INFECTION) OF POSTPROCEDURAL BLEB, STAGE 3
433.10	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT CEREBRAL INFARCTION

433.11	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITH CEREBRAL INFARCTION
446.5	GIANT CELL ARTERITIS
V58.69	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
V67.51	FOLLOW-UP EXAMINATION FOLLOWING COMPLETED TREATMENT WITH HIGH-RISK MEDICATION NOT ELSEWHERE CLASSIFIED

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

1. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to Medicare upon request. The fluorescein interpretation report should include the following:

- Preliminary diagnosis
- Description of angiographic findings
- Clinical impression or diagnosis

2. This information should be available and generally submitted on reconsideration only (or with the claim(s) if the services are unusual or if a rejection is anticipated).

3. Documentation supporting the medical necessity of this item (ICD-9-CM codes) must be submitted with each claim. Claims submitted without such evidence will be denied as being not medically necessary.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

WPS has consolidated the existing LCDs for MAC Jurisdiction 5 according to the instructions provided by CMS so that they are the same throughout the jurisdiction. In the vast majority of cases, one least restrictive LCD was selected as the jurisdictional LCD. In some cases, appropriate revisions, such as combining sections of LCDs that only addressed a portion of a general topic into a single, more complete document, were made to improve the clinical appropriateness of the LCD while keeping with the least restrictive requirement.

In situations where one or more of the states in the jurisdiction does not have an LCD on a topic, then the existing LCDs were reviewed and, based on the merits of the LCD, a decision was made to make the LCD jurisdictional or to have no LCD on that topic with the approval of CMS.

Some revisions of the existing LCDs were necessary to remove references to the former contractor and to update the Sources of Information and Basis for Decision. CPT, HCPCS and ICD-9 codes will be updated as necessary.

According to the J5 MAC contract, the J5 consolidated LCDs are posted on the web site for the 45 day final notification period prior to the policy implementation date. The MAC contractor is not required to utilize the formal notice and comment revision process specified in Chapter 13 of the Program Integrity Manual (PIM) until the consolidation process is final. However, WPS welcomes provider input regarding the J5 consolidated LCDs. Based on the comments received, LCDs will be revised as necessary during the transition from the existing to new contractor.

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in consideration of the active LCDs maintained by the preceding Medicare contractors for Jurisdiction 5.

1. Melber N.S., Thomas M.A., et al. "Successful Feeder Vessel Laser Treatment of Recurrent Neovascularization Following Subfoveal Surgery." Arch Ophthalmology February 1996: 144.
2. George R.K., et al. "Primary Retinal Vasculitis Systemic Association and Diagnostic Evaluation." Ophthalmology March 1996: 103.
3. Arnold C., et al. "Fluorescein Angiography in Non-ischemic Optic Disc Edema." Arch Ophthalmology March 1996: 114.
4. Staurenghi G., et al. "Visualization of Neovascular Membranes With Infrared Light Without Dye Injection by Means of a Scanning Laser Ophthalmoscope." Arch Ophthalmology March 1996: 114.
5. "Occult Choroidal Neovascularization Influence on Visual Outcome in Patients with Age-Related Macular Degeneration." Macular Photocoagulation Study Group, et al. 1996.
6. "Laser Photocoagulation of Subfoveal Neovascular Lesions of Age-Related Macular Degeneration Updated Findings From Two Clinical Trials." Macular Photocoagulation Study Group, et al. Arch Ophthalmology September 1996: 111.
7. Jampol L.M. "Hypertension and Visual Outcome in the Macular Photocoagulation Study." Arch Ophthalmology June 1991:109.
8. "Risk Factors for Neovascular Age-Related Macular Degeneration." The Eye Disease Case-Control Study Group. Arch Ophthalmology December 1992: 110.

9. Carrier Medical Director ophthalmologic work group model policy.

10. Macular Photocoagulation Study Group, et al. 1996. "Occult Choroidal Neovascularization Influence on Visual Outcome in Patients with Age-Related Macular Degeneration" Arch Ophthalmology Volume 114 (April).

11. Macular Photocoagulation Study Group, et al. 1993. "Laser Photocoagulation of Subfoveal Neovascular Lesions of Age-Related Macular Degeneration Updated Findings From Two Clinical Trials" Arch Ophthalmology Volume 111 (September).

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/15/2007

Revision History Number

06/30/2009 The contractor number 05392 will no longer be valid as of 8/1/2009 as it will be joining with the W MO number. Correctly removed contract number 05392 effective 8/1/2009, as it is being combined with contractor number 05302 (WPS Part B MAC Missouri - Entire State.)

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Revision History Explanation

07/30/2009: Restored accidental removal of contract number 05392 (WPS Part B MAC Eastern Missouri), effective 03/01/08.

added Missouri Eastern

Reason for Change

Last Reviewed On Date

11/01/2007

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Billing and Coding Guidelines \(PDF - 14,191 bytes\)](#)

All Versions

Updated on 07/30/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 03/01/2008 - 07/31/2009

Updated on 07/17/2009 with effective dates 03/01/2008 - N/A

Updated on 05/23/2008 with effective dates 03/01/2008 - N/A

Updated on 03/28/2008 with effective dates 03/01/2008 - N/A

Updated on 03/07/2008 with effective dates 03/01/2008 - N/A

Updated on 12/07/2007 with effective dates 02/01/2008 - N/A