

# ICG FLUORESCENCE IMAGING FOR NONOPHTHALMIC PROCEDURES

## 2020 MEDICARE REIMBURSEMENT CODING GUIDE

Effective January 1, 2020

### Physician Coding

ICG fluorescence imaging is intended for viewing internal surgical sites during general surgical procedures to enable surgeons to visualize and assess tissue perfusion in real time. ICG fluorescence imaging can be used in both open and endoscopic cases.

At this time there are no established codes that describe the use of ICG in surgical procedures. In the absence of established codes, the procedures may be reported using an unlisted procedure code. When using unlisted procedure codes, it is necessary to provide the payer a description of the service performed. Below are examples of possible unlisted procedure codes that may be reported for perfusion with ICG fluorescence. The selection of the code is based on the anatomic area imaged.

CPT CODE <sup>®1</sup>	CODE DESCRIPTION
19499	Unlisted procedure, breast
44238	Unlisted laparoscopy procedure, intestine (except rectum)
45399	Unlisted procedure, colon
45499	Unlisted laparoscopy procedure, rectum
44799	Unlisted procedure, small intestine

### Hospital Outpatient Coding<sup>2</sup>

HCPCS CODE <sup>3</sup>	CODE DESCRIPTION	STATUS INDICATOR	APC	APC DESCRIPTION	MEDICARE NAT'L AVG
C9733	Nonophthalmic fluorescent vascular angiography	Q2 <sup>4</sup>	5572	Level 2 Imaging with Contrast	\$381.85

### Ambulatory Surgical Center Coding<sup>2</sup>

A CPT<sup>®1</sup> code for ICG fluorescent imaging is not present on the 2020 Medicare ASC fee schedule

ICD-10-PCS	CODE DESCRIPTION
4A1BXSH	Monitoring of gastrointestinal vascular perfusion using indocyanine green dye, external approach
4A1GXSH	Monitoring of skin and breast vascular perfusion using indocyanine green dye, external approach
4A12XSH	Monitoring of cardiac vascular perfusion using indocyanine green dye, external approach
4A1605H	Monitoring of lymphatic flow using indocyanine green dye, open approach
4A1635H	Monitoring of lymphatic flow using indocyanine green dye, percutaneous approach
4A1675H	Monitoring of lymphatic flow using indocyanine green dye, via natural or artificial opening
4A1685H	Monitoring of lymphatic flow using indocyanine green dye, via natural or artificial opening endoscopic
8E090EZ	Fluorescence guided procedure of head and neck region, open approach
8E093EZ	Fluorescence guided procedure of head and neck region, percutaneous approach
8E094EZ	Fluorescence guided procedure of head and neck region, percutaneous endoscopic approach
8E097EZ	Fluorescence guided procedure of head and neck region, via natural or artificial opening
8E0W0EZ	Fluorescence guided procedure of trunk region, open approach
8E0W3EZ	Fluorescence guided procedure of trunk region, percutaneous approach
8E0W4EZ	Fluorescence guided procedure of trunk region, percutaneous endoscopic approach

1. 2020 CPT® Professional Edition. American Medical Association. Copyright 2020 American Medical Association.
2. Centers for Medicare & Medicaid Services. Alpha-numeric HCPCS. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File>
3. Centers for Medicare & Medicaid Services. Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Revisions of Organ Procurement Organizations Conditions of Coverage; Prior Authorization Process and Requirements for Certain Covered Outpatient Department Services; Potential Changes to the Laboratory Date of Service Policy; Changes to Grandfathered Children’s Hospitals-Within-Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots. Final Rule, Federal Register 84 Fed. Reg. No. 218 61142 - 61492 42 CFR Parts 405, 410, 412, 414, 416, 419, and 486. <https://www.govinfo.gov/content/pkg/FR-2019-11-12/pdf/2019-24138.pdf>. Published November 12, 2019. Addendum B, AA, BB. See also correction notice CMS-1717-CN; Addendum B, AA <https://federalregister.gov/d/2019-28364>. Published January 3, 2020.
4. Status Indicator Q2: Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator T.
5. Centers for Medicare & Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS>

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