Policy Name	Clinical Policy – Retinal Angiography
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Department	Clinical Product & Development
Subcategory	Medical Management
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Company Entities Supported (Select All that Apply)
X Superior Vision Benefit Management
X Superior Vision Services
X Superior Vision of New Jersey, Inc.
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ACRONYMS	
CNV	Choroidal Neovascularization
FA	Fluorescein Angiography
ICG	Indocyanine – Green Angiography

PURPOSE

To provide the medical necessity criteria to support the indication(s) for retinal angiography and to render medical necessity determinations. Applicable procedure codes are also defined.

POLICY

A. BACKGROUND

Retinal angiography includes both fluorescein angiography (FA) and indocyanine-green (ICG) angiography imaging. These images include the retina, choroid, optic disc, fovea, and the macula. Retinal angiographs are not medically necessary either for screening, to simply document the existence of a condition, or as a duplicative or redundant test that does not provide added information.

B. Medically Necessary

Medical necessity for any diagnostic testing, including FA and ICG, begins with pertinent signs, symptoms, or medical history of a condition for which the examining physician needs further information. FA and/or ICG is ordered and performed when the information garnered from the eye exam is insufficient to assess the patient's disease and is medically necessary as an adjunct to evaluation and management of a known disease.

1. Fluorescein Angiography (FA)

   FA is considered medically necessary as an adjunct to evaluation and management of chorioretinal vascular abnormalities, including the following:
   a. Choroidal neovascularization (CNV),
   b. Noninfective vasculitis,
   c. Age-related macular degeneration,
   d. Macular edema,
   e. Intraocular tumors,
   f. Visual loss in systemic disease or acute exudative inflammations, Such as toxoplasmosis, optic disc edema, or central serous chorioretinopathy,

   g. Genetic ocular conditions requiring FA to confirm diagnoses, i.e.
      i. FEVR (familial exudative vitreoretinopathy);[1]
      ii. Coats disease (often coded as "exudative retinopathy", same as FEVR);[2]
      iii. Norrie disease;[3]
      iv. Incontinentia Pigmenti;[4]
      v. Dyskeratosis Congenita;[5]
      vi. Sickle Cell Retinopathy;[6]

2. Repeat FA may be medically necessary when there is a change in the clinical picture.

3. Repeat FA may also be medically necessary following treatment to detect occult lesions, with or without a clinical change. This will occur most often in CNV and very rarely in other diseases. Otherwise, repeated angiography of the same, unchanged condition is unwarranted.

4. Indocyanine Green (ICG) may be valuable as an adjunct to FA in:

   a. Retinal neovascularization
   b. Choroidal neovascularization
   c. Serous detachment of retinal pigment epithelium
   d. Hemorrhagic detachment of retinal pigment epithelium
   e. Retinal hemorrhage

[1] Sizmaz, 2015.
[2] Sigler, 2014
[3] Scruggs, 1999.
[4] Tzu, 2013.
[5] Mason, 2009.
[6] Pahl, 2017.

C. Not Medically Necessary

1. Retinal angiography, FA or ICG, is not medically necessary in the following situations:

    a. When used in an eye without signs, symptoms, serious ophthalmic disease, ocular abnormalities, or contributory medical history,
    b. When used to confirm a diagnosis that has already been determined,
    c. Without a documented medical rationale in the medical record.

2. When the angiographic images are taken as baseline documentation of a healthy eye or as screening for potential disease.

D. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale for it as in the requirements above. All medical record items must be available upon request to initiate or sustain previous payments. For any retrospective review, a full operative report is needed.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable.

1. Fluorescein angiography (FA) and Indocyanine-green angiography (ICG), separately or together, require a physician's order, and the interpretation and report for the date performed.
2. Only reliable tests are relevant for medical necessity. Reliability is measured with interpretation and report of the following:

    a. Patient cooperation
    b. Test findings with interpretation and report. Do not submit normal test results.
    c. Comparison, when applicable, to any previously completed FA and/or ICG test results.
    d. Assessment, diagnosis
    e. Decision impact on treatment, prognosis
    f. The medical record must contain copies of photographs or digital images and be available upon request.

E. Procedural Detail

CPT CODES	
92235	Fluorescein angiography (includes multiframe 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
Invalid Modifiers	RT, LT, 50

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RELATED POLICIES AND PROCEDURES

n/a	

DOCUMENT HISTORY		
Approval Date	***Revision***	***Effective Date***
02/06/2018	Initial version	02/06/2018
03/13/2019	Annual review with code additions	03/13/2019
02/19/2020	Annual review; no criteria changes.	04/01/2020
01/06/2021	Annual review; remove statement requiring direct office supervision.	04/01/2021
01/05/2022	Annual review; no criteria changes.	04/01/2022
01/04/2023	Annual review; no criteria changes	04/01/2023
09/20/2023	Administrative review for CMS 2024 final rule Medicare Part C equity: no changes.	n/a
01/03/2024	Annual review. Add indications of macular edema, need to identify ischemia, neo-vascularization, need to locate microaneurysms, and central serous chorioretinopathy.	04/01/2024
01/08/2025	Annual review. Add genetic conditions requiring FA to confirm diagnosis.	05/01/2025

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