



Reimbursement Billing Guide

Indocyanine Green Fluorescence Imaging

The information available in this guide is compiled from sources believed to be accurate, but the International Society for Fluorescence Guided Surgery (ISFGS) makes no representation that it is accurate. This information is subject to change. Payer coding requirements may vary or change over time, so it is important to regularly check with each payer regarding the payer-specific requirements. The information available here is not intended to be conclusive, nor is it intended to replace the guidance of a qualified professional advisor.

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Consult the relevant payer manual and/or other guidelines for a description of each code to determine the appropriateness of a particular code and for information on additional codes. Diagnosis codes should be selected only by a health care professional.

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Indications

Indocyanine Green for Injection, USP is indicated for:

- Determining cardiac output, hepatic function, and liver blood flow
- Ophthalmic angiography

How Supplied

DIAGNOSTIC GREEN

Indocyanine Green for Injection, USP is supplied in a kit (NDC 70100-424-02) containing six 25 mg Indocyanine Green for Injection USP vials and six 10 mL Sterile Water for Injection, USP plastic vials:

- NDC 70100-424-01 Indocyanine Green for Injection USP vial 25 mg fill in 25 mL vial.
- NDC 63323-185-10 (or NDC 0409-4887-17) Sterile Water for Injection, USP, 10 mL fill in 10 mL plastic vials.

AKORN

IC-GREEN® is supplied in a kit (NDC 17478-701-02) containing six 25 mg IC-GREEN® vials and six 10 mL Sterile Water for Injection, USP ampules:

- NDC 17478-701-25 IC-GREEN® vial. 25 mg full in 20 mL vial.
- NDC 17478-701-10 Sterile Water for Injection, USP ampule. 10 mL fill in 10 mL ampule.

Procedure Codes

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

ISFGS has provided the following codes as a reference. When submitting a claim for a procedure using ICG, always verify coding requirements with the relevant payer. Coding requirements may vary by insurer or plan; please refer to the payer-specific policies to understand what codes may be covered. Check with the relevant payers regarding guidance on which diagnoses and procedures they will recognize. Health care professionals are solely responsible for selecting codes that appropriately reflect the patient's diagnosis, the services rendered, and the applicable payer's guidelines. These procedure codes apply to dates of service on or after October 1, 2015, the date that ICD-10-CM codes came into use. Providers should document the procedure with a sufficiently high degree of specificity based on the information available at the time to enable the identification of the most appropriate code.



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Hospital In-Patient Setting

4A12XSH	Monitoring of Cardiac Vascular Perfusion using Indocyanine Green Dye, External Approach
4A1GXSH	Monitoring of Skin and Breast Vascular Perfusion using Indocyanine Green Dye, External Approach
4A1BXSH	Monitoring of Gastrointestinal 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
BF5C200	Hepatobiliary System, All Indocyanine Green Dye, Intraoperative
BF55200	Liver, Indocyanine Green Dye, Intraoperative
BF56200	Spleen and Liver, Indocyanine Green Dye, Intraoperative

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Healthcare Common Procedure Coding System (HCPCS)

These codes are used in the following settings: physician offices, hospital outpatient departments (HOPDs), ambulatory surgical centers (ASCs), and by certain other providers.

- Used to identify various items (pharmaceutical products and supplies) and some services
- Many—not all—drugs and biologicals are reported with permanent J-codes
- Some drugs may be reported with temporary C-codes, Q-codes, or S-codes
- Drugs that are used exclusively in the inpatient setting generally will not receive a HCPCS code

C9733	Non-ophthalmic fluorescent vascular angiography
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)
Q9968*	Injection, non-radioactive, non-contrast, visualization adjunct (eg., methylene blue, isosulfan blue), 1 mg.

*Should not be billed with C9733 or C9756

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>

Current Procedural Terminology (CPT)

These codes are used by physicians in all settings of care to report procedures.

15860	Intravenous injection or agent (eg, fluorescein) test vascular flow in flap or agent
47563	Laparoscopy, surgical; cholecystectomy with cholangiography
38900†	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)
19499	Unlisted procedure, breast
38999	Unlisted procedure hemic or lymphatic system
44238	Unlisted laparoscopy procedure, intestine (except rectum)
45399	Unlisted procedure, colon
45499	Unlisted laparoscopic procedure, rectu
44799	Unlisted procedure, small intestine

†May only be reported with certain CPT codes

CPT 2019, Professional Edition, American Medical Association