



# **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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## Indications

Indocyanine Green for Injection, USP is indicated for:

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

## How Supplied

### **DIAGNOSTIC GREEN**

IC-Green® (indocyanine green for injection), is supplied in a kit (NDC 70100-825-02) containing six 25 mg IC-Green® (indocyanine green for injection) vials and six 10 mL Sterile Water for Injection, USP plastic vials:

- NDC 70100-725-01 IC-Green® (indocyanine green for injection) 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.



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## Procedure Codes

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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.

## Hospital In-Patient Setting

<b>4A12XSH</b>	Monitoring of Cardiac Vascular Perfusion using Indocyanine Green Dye, External Approach
<b>4A1GXSH</b>	Monitoring of Skin and Breast Vascular Perfusion using Indocyanine Green Dye, External Approach
<b>4A1BXSH</b>	Monitoring of Gastrointestinal Vascular Perfusion using Indocyanine Green Dye, External Approach
<b>4A1605H</b>	Monitoring of Lymphatic Flow using Indocyanine Green Dye, Open Approach
<b>4A1635H</b>	Monitoring of Lymphatic Flow using Indocyanine Green Dye, Percutaneous Approach
<b>4A1675H</b>	Monitoring of Lymphatic Flow using Indocyanine Green Dye, Via Natural or Artificial Opening
<b>4A1685H</b>	Monitoring of Lymphatic Flow using Indocyanine Green Dye, Via Natural or Artificial Opening Endoscopic
<b>8E090EZ</b>	Fluorescence guided procedure of head and neck region, open approach
<b>8E093EZ</b>	Fluorescence guided procedure of head and neck region, percutaneous approach
<b>8E094EZ</b>	Fluorescence guided procedure of head and neck region, percutaneous endoscopic approach
<b>8E097EZ</b>	Fluorescence guided procedure of head and neck region, via natural or artificial opening



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<b>8E0W0EZ</b>	Fluorescence guided procedure of trunk region, open approach
<b>8E0W3EZ</b>	Fluorescence guided procedure of trunk region, percutaneous approach
<b>8E0W4EZ</b>	Fluorescence guided procedure of trunk region, percutaneous endoscopic approach
<b>BF5C200</b>	Hepatobiliary System, All Indocyanine Green Dye, Intraoperative
<b>BF55200</b>	Liver, Indocyanine Green Dye, Intraoperative
<b>BF56200</b>	Spleen and Liver, Indocyanine Green Dye, Intraoperative
<b>BF50200</b>	Imaging of Bile Duct using Indocyanine Green Dye, Intraoperative
<b>BF52200</b>	Imaging of Gallbladder using Indocyanine Green Dye, Intraoperative
<b>BF53200</b>	Imaging of Gallbladder and Bile Ducts using Indocyanine Green Dye, Intraoperative
<b>BF55200</b>	Imaging of Liver using Indocyanine Green Dye, Intraoperative
<b>BF5C200</b>	Imaging of Hepatobiliary System, All, using Indocyanine Green Dye, Intraoperative

<https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS.html>

## 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



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<b>C9733</b>	Non-ophthalmic fluorescent vascular angiography
<b>C9756</b>	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)
<b>Q9968*</b>	Injection, non-radioactive, non-contrast, visualization adjunct (eg., methylene blue, isosulfan blue), 1 mg
<b>C9776</b>	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (ICG) (list separately in addition to code for primary procedure)

\*Should not be billed with C9733 or C9756

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

## Current Procedural Terminology (CPT)

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

<b>15860</b>	Intravenous injection or agent (eg, fluorescein) test vascular flow in flap or agent
<b>47563</b>	Laparoscopy, surgical; cholecystectomy with cholangiography
<b>38900†</b>	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)
<b>19499</b>	Unlisted procedure, breast
<b>38999</b>	Unlisted procedure hemic or lymphatic system
<b>44238</b>	Unlisted laparoscopy procedure, intestine (except rectum)
<b>45399</b>	Unlisted procedure, colon
<b>45499</b>	Unlisted laparoscopic procedure, rectu
<b>44799</b>	Unlisted procedure, small intestine
<b>47562</b>	Laparoscopy, surgical; cholecystectomy
<b>47579</b>	Unlisted laparoscopy procedure, biliary tract

†May only be reported with certain CPT codes

CPT 2019, Professional Edition, American Medical Association



**Disclaimer: This is not an all-inclusive list. Refer to the CPT manual for additional unlisted procedure codes.**



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