

  


# Reimbursement Billing Guide Indocyanine Green for Injection, USP



International Society for  
Fluorescence Guided Surgery  
*June 2020*

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.

ISFGS and its agents make no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use given the frequent changes in public and private payer billing. The use of this information does not guarantee payment or that any payment received will cover your costs. You are solely responsible for determining the appropriate codes and for any action you take in billing.

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.

## **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.

## Procedure Codes

### International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification

**(ICD-10-CM)** These procedure codes are used primarily to report hospital inpatient services.

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.

**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

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

### **The Following Codes will be effective on October 1, 2020**

**BF50200** Bile Duct, Indocyanine Green Dye, Intraoperative

**BF53200** Bile Duct and Gallbladder, Indocyanine Green Dye, Intraoperative

**BF52200** Gallbladder, Indocyanine Green Dye, Intraoperative

**BF53200** Gallbladder and Bile Duct, Indocyanine Green Dye, Intraoperative

**BF5C200** Hepatobiliary System, All, Indocyanine Green Dye, Intraoperative

**BF55200** Liver, Indocyanine Green Dye, Intraoperative

**BF56200** Spleen and Liver, Indocyanine Green Dye, Intraoperative

## 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)

**†May only be reported with certain CPT codes**

CPT 2019, Professional Edition, American Medical Association