



Checklist: Testing Services

Fluorescein Angiography (FA) / Indocyanine Green Angiography (ICG) Documentation

- **Use insurance policies as a reference.**

Review the Medicare Administrative Contractors (MAC) Local Coverage Determination (LCD) and National Coverage Determination (NCD) or other commercial insurance policies, as applicable. These policies provide guidance for insurance coverage and documentation requirements.
- **Record chart notes supporting medical necessity per insurance policies.**

A review of the patient's medical records provides documentation of the medical necessity for the diagnostic test billed including the pathology per eye and reflects the context of a changing clinical picture.

 - Diagnostic testing performed for screening purposes would not be deemed medically necessary.
 - Medicare MACs with local coverage determinations (LCDs) for FA and ICG include: CGS, First Coast and Palmetto.
 - When reviewing documentation for insurance payers without policies, the Academy Coding Coach can be used as a guideline for medically necessary diagnoses.
 - Fluorescein Angiography is used to identify by fluorescence the leaking from damaged vessels and make it useful in the diagnosis of chorioretinal vascular disorders, especially relating to choroidal neovascularization, noninfective vasculitis and age-related macular degeneration.
 - Indocyanine Green Angiography (ICG) is effective when used in the diagnosis and treatment of ill-defined choroidal neovascularization (ie, associated with age-related macular degeneration)
 - ICG can be most useful in the evaluation of the following conditions:
 1. Retinal neovascularization
 2. Choroid neovascularization
 3. Serous detachment of retinal pigment epithelium
 4. Hemorrhagic detachment of retinal pigment epithelium
 5. Retinal hemorrhage
- **Obtain physician order.**

Written or electronic physician order for each test includes:

 - Date of service
 - Medically necessary diagnosis
 - Eye(s) being tested
 - Physician signature
- **Medical records include the following.**
 - A copy of the photography for each diagnostic test (digital or photographic)
 - Record of whether the pupil was dilated and the medication that was used
 - Relevant examination, history and diagnostic testing related to the medical necessity
- **Complete interpretation and report** for each test performed and per eye.
 - There are no published documentation requirements for the interpretation and report. The required documentation could include:
 - Clinical findings - *summary of pertinent findings*
 - Comparative data - *better, worse or same*
 - Clinical management - *how test effected management*
- **Frequency of the medically necessary test should be billed based on the insurance policies guidelines.**
 - Some MACs have published LCDs with the following frequency requirements:

- FA / ICG should not be billed more than 9 times per year.
 - FA should not be billed within 30 days of billing for ICG.
- **File insurance claim.**
Complete CMS-1500 paper claim or Electronic Data Interface (EDI) transaction 837P electronic claim completed with the following.
 - FA and ICG performed the same day (92242) should be billed with the appropriate diagnosis linkage supporting the medical necessity.
 - FA (92235) and ICG (92240) should only be billed when these tests are performed on separate days. Test should not be scheduled on different days to avoid billing with the FA and ICG combination code (92242).
 - FA and ICG (92242) are bundled the same day as Fundus Photography (92250).
 - The code 92242 has a bilateral indicator of 2 and is considered inherently bilateral. It is inappropriate to use -RT, -LT or -50 modifiers.
- **Obtain physician signature.**
 - Ensure the physician signature is legible on paper chart records.
 - Create a signature log to provide during an audit. The log should include initials and signature and credentials of all who may document in the chart.
 - For EHR, the electronic physician signature is secure. Ensure the practice has an electronic signature policy to provide in the event of an audit.
- **Chart notes have the correct beneficiary name and date of birth.**
- **Prepare abbreviation list.**
The practice has an approved abbreviation list readily available for all audits.