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Comments and Responses Regarding Draft Local Coverage Determination: Ophthalmic Angiography (Fluorescein and Indocyanine Green)

As an important part of Medicare Local Coverage Determination (LCD) development, National Government Services solicits comments from the provider community and from members of the public who may be affected by or interested in our LCDs. The purpose of the advice and comment process is to gain the expertise and experience of those commenting.

We would like to thank those who suggested changes to the draft Ophthalmic Angiography LCD. The official notice period for the final LCD begins on October 1, 2007, and the final determination will become effective on December 1, 2007.

Comment: An ophthalmology representative submitted numerous articles to support the use of fluorescein angiography (FA) together with indocyanine green angiography (ICG) and examining their use for AMD and other disorders of the eye.

Response: The commenter submitted multiple articles supporting the use of ICG angiography for the detection of macular degeneration including several supporting the simultaneous use of these agents. The ICG appears to have advantage when there is hemorrhage obscuring areas of the retina. There is insufficient information on the outcomes of treatment of patients whom have undergone simultaneous angiography with these agents.

Comment: In addition, the commenter asked that the list of ICD-9 codes for ICG include disseminated choroiditis, and submitted several articles to support this.

Response: We will add disseminated choroiditis (363.11-363.14) to the list of ICD-9 codes supporting medical necessity.

Comment: The commenter noted for Utilization Guidelines, there may be rare occasions when FA will be required more than 9 times per year or ICG more than 6 times per year. Restricting FA within 30 days of ICG is of more concern with coexisting diseases such as AMD and diabetes mellitus.

Response: The commenter indicates that the frequency of fluorescein angiography and ICG may rarely exceed the utilization guidelines listed in this LCD. Since this may be anticipated to occur only rarely,

we will decline to change the parameters at this time, and allow providers to submit medical documentation for tests exceeding these frequencies on appeal. We will reconsider these frequencies should there be claims data supporting increased frequency. Since ICG may be used in place of fluorescein angiography, we will, however, change the utilization guideline to for ICG to equal that of the fluorescein.

Comment: The commenter submitted several references on the use of FA repeatedly based on clinical appearance of recurrence of choroidal neovascularization (abstracts included).

Response: The commenter points out that fluorescein angiography within 30 days of ICG may be medically necessary with coexisting diseases such as AMD and diabetes in the same patient. We agree with this and will amend the LCD accordingly to permit reimbursement for such usage.