

Part B Insider (Multispecialty) Coding Alert

CPT 2006: Neurologists Welcome New Add-On Codes For Chemodenervation

New vignettes should help to illustrate proper use of 64612-64614

In the spring of 2004, the Correct Coding Initiative included edits limiting the use of electromyographic guidance code 95870 with chemodenervation codes 64612-64614 and 64640. And even more restrictive rules were planned for January 2005.

But the **American Association of Neuromuscular and Electro-diagnostic Medicine** worked out a compromise with the **Centers for Medicare & Medicaid Services**, to allow physicians to keep billing for guidance along with chemodenervation until 2006. And to avoid another crackdown next year, neurologists needed a new way to bill for guidance with chemodenervation.

The **American Medical Association's CPT Editorial Panel** is coming to your rescue. CPT 2006 will include an add-on code for needle electromyographic guidance with chemodenervation, and another add-on for electrostimulation guidance with chemodenervation.

The panel also agreed to revise the introductory language in the Neurology and Neuromuscular Procedures section of the CPT book, and add some instructional notes after the needle EMG add-on code 95859 and chemodenervation code 64614.

But your overall reimbursement may not go up much once you start billing the chemodenervation codes with the new add-on codes. The CPT panel said that 64612-64614 will have to go to the **Relative Value Update Committee** to have their practice expense components revalued.

Restriction: You won't be able to report the two new add-on codes together, or in addition to other guidance codes.

The AMA asked the neurologists to submit new clinical vignettes for 64612-64614. In the vignette for 64612, a 64-year-old man with incapacitating blepharospasm and hemifacial spasm (Meige's syndrome) is found to have continuous twitching and closure of the right eye, as well as muscle spasms on the right side of the face. The patient receives botox injections around the right eye and face.

The example for 64613 involves a 40-year-old woman with cervical dystonia who has failed to improve with physical therapy, benzodiazepines and other muscle relaxers.

Examination reveals a right torticollis, a tilting to the left, elevation of the left shoulder and some rotational tremor of the head. The patient receives a botox injection in the neck muscles to relieve dystonia.

For 64614, the vignette describes a woman with right-sided spasticity involving the arm and leg, who is unable to perform basic activities of daily living. The examination finds increased tone in the patient's right finger flexors, wrist flexors, ankle plantar-flexors and ankle invertors. She receives botox injections in the spastic arm and leg muscles.