Part B Insider (Multispecialty) Coding Alert

Neurology: Prepare to Add More Chemodenervation Code Choices in 2014

Also: Category II additions expand your data collection arsenal.

The new code set, deputing Jan. 1, includes several updates affecting neurology and pain management practices. Chemodenervation gets the most changes, but you'll also not want to miss new codes related to polyneuropathy and dysphagia.

Start Counting Muscles With Chemodenervation

2013 added one new chemodenervation code to your options (64615, Chemodenervation of muscle[s]; muscle[s] innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral [e.g., for chronic migraine]). The descriptors for the chemodenervation code family (64612-64615) each apply to both single and multiple muscles in a particular area (such as the neck, extremity, or trunk).

That's not the case with the new chemodenervation codes for 2014, which specify the number of extremities and muscles the physician treats. The new codes and their descriptors are as follows:

- 64616 Chemodenervation of neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)
- 64617 Chemodenervation of larynx, unilateral, percutaneous (e.g., for spasmodic dysphonia), includes guidance by needle electromyography, when performed
- 64642 Chemodenervation of one extremity; 1-4 muscle(s)
- 64643 ... each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
- 64644 Chemodenervation of one extremity; 5 or more muscle(s)
- 64645 ... each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure
- 64646 Chemodenervation of trunk muscle(s); 1-5 muscle(s)
- 64647 ... 6 or more muscle(s).

Also note: Chemodenervation codes 64613 and 64614 will be deleted, effective Jan. 1, 2014, but 64615 will remain in effect.

"I think these are a great improvement from the existing chemodenervation codes," says **Marvel J. Hammer, RN, CPC, CCS-P, ACS-PM, CHCO,** owner of MJH Consulting in Denver, Co. "There is better separation anatomically between injections into extremity muscles versus trunk muscles. And there is clarification as to whether these codes can be reported bilaterally."

Study the Codes for Diagnosing Polyneuropathy

Because chronic pain issues must be studied and documented for so many months before some types of treatment are allowed, every code that helps you report care is a welcome addition. CPT® 2014 adds six new codes that represent diagnosing and following up on a patient's polyneuropathy.

- 1500F Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP) [AAN]
- 3751F Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP) [AAN]
- 3752F Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested),

documented, or reviewed within 6 months of initial evaluation for condition (DSP) [AAN]
- 3753F Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP) [AAN]
- 1501F Not initial evaluation for condition (DSP)[AAN]
- 1502F Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)[AAN].

Remember: The F codes are Category II codes, designed to measure quality of care. As CPT® guidelines state, Category II codes "facilitate data collection about the quality of care rendered by coding certain services and test results that support nationally established performance measures and that have an evidence base as contributing to quality patient care." You aren't required to include Category II codes on your claims, but they help with national data collection and can help show the need for a Category I (i.e., payable) code for a service.

Collect Data for Dysphagia and ALS Patients

Category II additions also include almost 20 codes related to screening or caring for dysphagia and ALS (Amyotrophic lateral sclerosis, often referred to as Lou Gehrig's Disease). Because neurologists can treat patients with both these conditions, be watchful for how you can include the codes in your claims for data collection purposes.

The three new codes for dysphagia are:

- 3759F Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS) [AAN]
- 3760F Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS) [AAN]
- 3761F Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS) [AAN].

The list of ALS codes is more extensive, but includes choices such as:

- 1504F Patient has respiratory insufficiency (ALS) [AAN]
- 3755F Cognitive and behavioral impairment screening performed (ALS) [AAN]
- 4541F Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS) [AAN].