

Part B Insider (Multispecialty) Coding Alert

NEUROSURGERY: New Add-On Codes May Reduce Your EMG Guidance Reimbursement

Shop using [95870](#) for needle placement

Until now you've billed needle electromyography (EMG) code 95870 when your neurosurgeon uses EMG guidance to place the needle for chemodenervation, but soon you'll have more accurate codes to work with.

In January, CPT will include two add-on codes to report needle guidance along with chemodenervation:

- 95873 (Electrical stimulation for guidance in conjunction with chemodenervation); and
- 95874 (Needle electromyography for guidance in conjunction with chemodenervation).

Most local coverage determinations had instructed you to use 95870, which is for a limited study, and 95870 was also the only code that wasn't bundled with chemodenervation codes under the Correct Coding Initiative, according to **Marvel Hammer**, president of **MJH Consulting** in Denver. At least one carrier preferred for you to use an unlisted code, she adds.

But 95870 never really accurately reflected the service your neurosurgeon was performing because the physician was merely using EMG or electrical stimulation to find the best place to put the needle for chemodenervation. Because chemodenervation can last 90 to 120 days, you can't repeat the procedure, so it's important to hit the right spot the first time, Hammer explains.

The chemodenervation codes don't include EMG guidance in their relative value units (RVUs) because physicians don't always use guidance, Hammer adds. Unfortunately, you may receive fewer RVUs for these add-on codes than you did for 95870, because "you're not actually doing a study, you're using EMG to determine needle placement," Hammer says. You can only bill for one type of guidance per session.

Other new codes:

CPT 2006 also adds five new intracranial procedures. They include 61630 (Intracranial balloon angioplasty (e.g., atherosclerotic stenosis), percutaneous) and 61635 (Trans-catheter placement of intravascular stent(s), intracranial... including balloon angioplasty if performed).

They also include three codes for percutaneous balloon dilation of intracranial vasospasm. You'll have one code for initial vessel (61640) and add-on codes for each additional vessel in the same vascular family (61641) and each in a different vascular family (61642).

Two new codes will debut in January for chemodenervation of the eccrine glands. One covers "both axillae" (64650), and the second covers other areas, such as the scalp, face or neck, per day (64653). And next year the wording of the definition of 64613 will change from "cervical spinal muscles" to "neck muscles."

There are four new codes in the electromyography and nerve conduction tests section. Codes 95865 and 95866 will cover needle electromyography in the larynx and hemidiaphragm respectively.

If your physician uses an X-ray to find the target volume to deliver radiation therapy, then you should welcome a new

code for this service (77421). Also, there are two new codes for high-energy neutron radiation treatment delivery: 77422 (... single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking) and 77423 (...1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)).