

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: 4 Top Tips for Following New Chemodenervation Guidelines for 2014

Hint: Count muscles correctly and you'll be on the right track.

If your physician performs chemodenervation procedures, be sure you know the ins and outs of reporting the new codes in 2014. Here's what you need to know, straight from information shared by **Gregory L. Barkley, MD**, of the American Academy of Neurology at the American Medical Association's (AMA) annual CPT® and RBRVS Symposium in November.

Check Your Chemodenervation Guidelines

"The big issue for 2014 is the changes to the chemodenervation codes and the associated parenthetical notes," says **Marvel J. Hammer, RN, CPC, CCS-P, ACS-PM, CHCO**, owner of MJH Consulting in Denver, Co.

Starting point: You should already be familiar with the new chemodenervation codes going into effect on Jan. 1, 2014:

- 64616 □ Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)
- 64617 - Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, 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 muscles
- +64645 □ ... each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)
- 64646 □ Chemodenervation of trunk muscle(s); 1-5 muscle(s)
- 64647 □ ... 6 or more muscles.

Watch multiples: CPT® 2014 includes a revised parenthetical note associated with chemodenervation code 64615 (Chemodenervation of muscle[s]; muscle[s] innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral [e.g., for chronic migraine]). According to the updated guideline, "Do not report 64615 in conjunction with 64612, 64616, 64617, 64642, 64643, 64644, 64645, 64646, 64647." You also should not report more than one guidance code for 64615.

"It's important to be aware of actual code changes, but additions and revisions of section guidelines and parenthetical notes should also be noted," Hammer says. "Code 64615 is a good example of this and is frequently reported by both pain management physicians and neurologists."

Top tips from Barkley involving chemodenervation codes included:

- It's inappropriate to report more than one guidance code for any unit of 64616. A parenthetical note directs you to report add-on codes +95873 (Electrical stimulation for guidance in conjunction with chemodenervation [List separately in addition to code for primary procedure]) or +95874 (Needle electromyography for guidance in conjunction with chemodenervation [List separately in addition to code for primary procedure]) for chemodenervation guided by a needle electromyography (EMG) or performed by muscle electrical stimulation.

- Get familiar with new guidelines and parenthetical notes added to report chemodenervation of extremities to identify various aspects of appropriate code selection and assignment. For example, codes 64642-64645 are reported once per extremity, and can be reported together up to a combined total of four units of service per patient when the provider injects all four extremities. You should also report only one base code 64642 or 64644 per session and report one or more units of additional extremity code(s) +64643 or +64645 for chemodenervation injections of each additional extremity. You can report add-on code +64643 with either parent code (64642 or 64644), but can only submit +64645 with 64644.
- Only report 64646 or 64647 once per session.

Note that 64646 and 64647 don't have an associated bilateral code or modifier. When reporting bilateral injections, count the total number of trunk muscles injected and code accordingly.

Bonus tip: You should not report new codes 64642-64645 as bilateral, Hammer notes.