

## Eli's Rehab Report

### Reader Question: Use 64999 for Achalasia Chemodenervation

Question: Can I report [CPT 43236](#) for an esophagogastro-duodenoscopy (EGD) with botulinum toxin (Botox) injection into the lower esophageal sphincter with the help of a sclerotherapy needle (into the muscle, not the submucosa)? The physician performed this procedure to treat achalasia.

New Jersey Subscriber

Answer: No, you should report 64999 (Unlisted procedure, nervous system) instead. According to the April 2001 CPT Assistant, "if chemodenervation is performed on muscles other than those specified in codes 64612 (Chemodenervation of muscle[s]; muscle[s] innervated by facial nerve [e.g., for blepharospasm, hemifacial spasm]), 64613 (Chemodenervation of muscle[s]; cervical spinal muscle[s] [e.g., for spasmodic torticollis]), 64614 (...; extremity[s] and/or trunk muscle[s] [e.g., for dystonia, cerebral palsy, multiple sclerosis]), and 67345 (Chemodenervation of extraocular muscle), the procedure should be reported using an unlisted code." In other words, the existing chemodenervation codes do not describe a botulinum type A injection into the esophagus to treat symptoms associated with achalasia.

Look to 43236 (Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection[s], any substance) as a basis for your fees, because 43236 includes the endoscopy necessary to perform the injection.

Many Medicare carriers' LMRPs specify instances when physicians can use botulinum to treat achalasia. For instance, Cahaba Government Benefit Administrators (a part B carrier in Iowa) specifies that this treatment may be endorsed for patients who meet the following criteria:

1. have failed conventional therapy
2. are at high risk of complications of pneumatic dilatation or surgical myotomy
3. have failed a prior myotomy or dilation
4. have had a previous dilation-induced perforation
5. have an epiphrenic diverticulum or hiatal hernia both of which increase the risk of dilation-induced perforation.

You should ensure that your documentation supports one or more of these criteria.

**Keep in mind:** Some patients fail the initial injection yet respond to a second. If the patient fails two treatments in a row, physicians may question further therapy. The usual dosage includes 20 units injected into each of four quadrants on the lower esophageal sphincter region for a total of 80 units.

-- You Be the Coder and Reader Questions were reviewed by **Marvel Hammer, RN, CPC, CHCO**, owner of MJH Consulting in Denver.