

## Pain Management Coding Alert

### Case Study Corner: Check Chemodenervation Smarts With This Scenario

#### Can you crack this coding conundrum?

Coders for PM specialists will almost certainly come up against claims for chemodenervation services their providers perform. So doing a deep dive on a chemodenervation coding claim is always a good thing.

And we've got just the clinical scenario for you, from **Judith L. Blaszczyk, RN, CPC, ACS-PM, ICDCT-CM**, compliance auditor at ACE, Inc. in Overland Park, Kansas. Check out the encounter notes, and then see if you can get the coding correct:

#### Scenario:

A 34-year-old female with multiple sclerosis (MS) presents with painful muscle spasms in the left and right upper limbs. The provider obtains an interval history and performs a focused examination of all four extremities. After determining that the patient is a good candidate for chemodenervation of the affected muscles, the decision is made to inject selected muscles using electromyography (EMG) guidance. The following limbs and muscles were injected using needle EMG guidance:

LEFT UPPER LIMB: Biceps, pronator teres, brachioradialis, first dorsal interosseous, and extensor carpi ulnari

RIGHT UPPER LIMB: Biceps, and brachioradialis

The patient tolerated the procedure well and noted an immediate decrease in spasticity in the affected limbs.

#### Coding:

For this encounter, Blaszczyk says you should report:

- 64644 (Chemodenervation of one extremity; 5 or more muscles) for the injection into the five muscles in the left upper limb
- +64643 (Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)) for the injection into the two muscles in the right upper limb
- +95874 (Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)) x 2 for the EMG guidance the provider used
- M62.838 (Other muscle spasm) and G35 (Multiple sclerosis) appended to 64644, +64643, and 95874 x 2 to represent the patient's muscle spasms and MS, respectively.

#### Explanation

"The appropriate base and add-on code for chemodenervation of an extremity are selected based on the number of muscles injected in each extremity," Blaszczyk explains. Also, "because these services are reported per extremity, reporting them bilaterally with a modifier 50 [Bilateral procedure], RT [Right side], or LT [Left side] would not be appropriate."