

Pain Management Coding Alert

CCI 20.1: Here's Your Confirmation on How to Report Some Chemodenervation Services

Latest coding edits focus again on 64615 and 64616.

Being familiar with chemodenervation codes will help you have an easy time adjusting to the newest version of Correct Coding Initiative (CCI) edits, version 20.1 effective April 1, 2014.

Background: Chemodenervation coding has gone through multiple changes in the last couple of years, including the addition in 2014 of 64616 (Chemodenervation of muscle[s]; neck muscle[s], excluding muscles of the larynx, unilateral [e.g., for cervical dystonia, spasmodic torticollis]) and 64617 (... larynx, unilateral, percutaneous [e.g., for spasmodic dysphonia], includes guidance by needle electromyography, when performed)). CCI 20.1 now reconfirms when you should report these chemodenervation procedures over other services.

Think of 64615 and 64616 as 'Overriding Services'

A provider will sometimes perform chemodenervation to multiple anatomic sites during the same encounter. According to CCI, when that occurs you should report 64615 (Chemodenervation of muscle[s]; muscle[s] innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral [e.g., for chronic migraine]) or 64616 when paired with several other chemodenervation services. These include:

- 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 ☐ ... 5 or more muscles
- +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).

Exception: The importance of 64615 changes when performed during the same encounter as 64617. In that situation, you submit 64617 as the Column 1 codeable service instead of Column 2 64615 code.

Note: The code pair of 64615 and 64616 carries a modifier indicator of "0," meaning that you cannot append a modifier and unbundle the codes to report both services. All other edits in CCI 20.1 related to chemodenervation procedures are classified with modifier indicator "1." That means you might be able to append a modifier (such as 59, Distinct procedural service) to the second code of the pair and report both services. Be sure you have adequate documentation supporting how the procedures are separate, such as a separate anatomic site or different session, before submitting both codes, advises **Marvel Hammer, RN, CPC, CCS-P, ACS-PM, CPCO**, owner of MJH Consulting in Denver, Co.