

# Pain Management Coding Alert

## Procedure Coding: Check Both Sides on Chemodenervation Claims

**Sometimes, you need modifier 50 to make that claim fly.**

Coding for your physician's chemodenervation services involves figuring the body area that she treated and the muscles she treats.

**Also:** There's another layer of coding challenge concerning the laterality of the procedure. If the physician performs chemodenervation on both sides for a patient, your coding will depend on whether you can append modifier 50 (Bilateral procedure) to a code. Your coding will change even further if the physician performs chemodenervation on a patient's extremities or trunk muscles.

Check out this expert input on how to stay calm and code on when chemodenervation coding gets more complex.

### Only Use Modifier 50 Where Appropriate

For services involving chemodenervation of a somatic nerve, you will choose from one of the following codes, depending on encounter specifics, confirms **Amy Turner, RN, BSN, MMHC, CPC**, Director of Revenue Integrity at Comprehensive Pain Specialists in Brentwood, Tenn.:

- 64611, Chemodenervation of parotid and submandibular salivary glands, bilateral
- 64612, Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (e.g., for blepharospasm, hemifacial spasm)
- 64615, ... muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine)
- 64616, ... neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)
- 64617, ... larynx, unilateral, percutaneous (e.g., for spasmodic dysphonia), includes guidance by needle electromyography, when performed

When your physician performs chemodenervation on both sides of the same patient, you'll need to check the CPT® book for bilateral indications, Turner explains.

Check out this rundown of codes that are, and are not, eligible for coding with modifier 50:

- **Bilateral, no modifier 50:** The following chemodenervation codes are bilateral, meaning you can only report them once per session: 64611 and 64615. So, if the physician performs bilateral chemodenervation on a patient's right and left parotid salivary glands, you'd report 64611 once for the encounter.
- **Unilateral, modifier 50 eligible:** These chemodenervation codes are unilateral, meaning they are eligible for modifier 50 coding when encounter specifics allow for it: 64612, 64616, and 64617. So, if the physician performs unilateral percutaneous chemodenervation of a patient's larynx, you'd report 64617 with modifier 50 appended to indicate that the physician performed the procedure bilaterally.

### Coding Changes on Extremity Chemodenervation

Your physician might also perform chemodenervation on a patient's extremities. When this occurs, you'll want to choose from a different code set, confirms **Judith Blaszczyk, RN, CPC, ACS-PM**, medical compliance auditor at Auditing for Compliance and Education, Inc. in Overland Park, Kan.

For chemodenervation of a patient's extremities, you'll choose from the following codes, depending on encounter

specifics:

- 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)

Remember that you don't need modifier 50 for these codes, because you report them per extremity, which negates the need for a bilateral procedures modifier.