

Pain Management Coding Alert

Reader Question: Remember Modifier 52 for Unilateral Chemodenervation

Question: The physician performed chemodenervation to treat a patient's migraine, but only administered unilateral injections and didn't inject all of the nerves. Would it be appropriate to append modifier 52 to the claim with 64615?

Oregon Subscriber

Answer: Yes, you should append modifier 52 (Reduced services) to 64615 (Chemodenervation of muscle[s]; muscle[s] innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral [e.g., for chronic migraine]) since your provider didn't perform all services noted in the code descriptor.

Remember that you can report 64615 only once per session. Likewise, don't append modifier 50 (Bilateral procedure) if your provider injects both sides of the nerve because the code descriptor already defines the injections as bilateral. Because your provider injected only one side, it could be helpful to include a description of the reduced service in Box 19 of the 1500 claim form or electronic equivalent.