What do you know about billing and coding for Chemodenervation toxin procedures?

What billing codes would you typically use for denervation procedures.

When considering practice management in medicine what knowledge gaps do you have with CPT codes, J codes, modifiers?

Pre- test

- When do you use Modifier 50?_____

- Name a muscle that can be considered as UE and trunk muscle when coding. _____

- True or false: More than one guidance type can be assigned to a claim _____

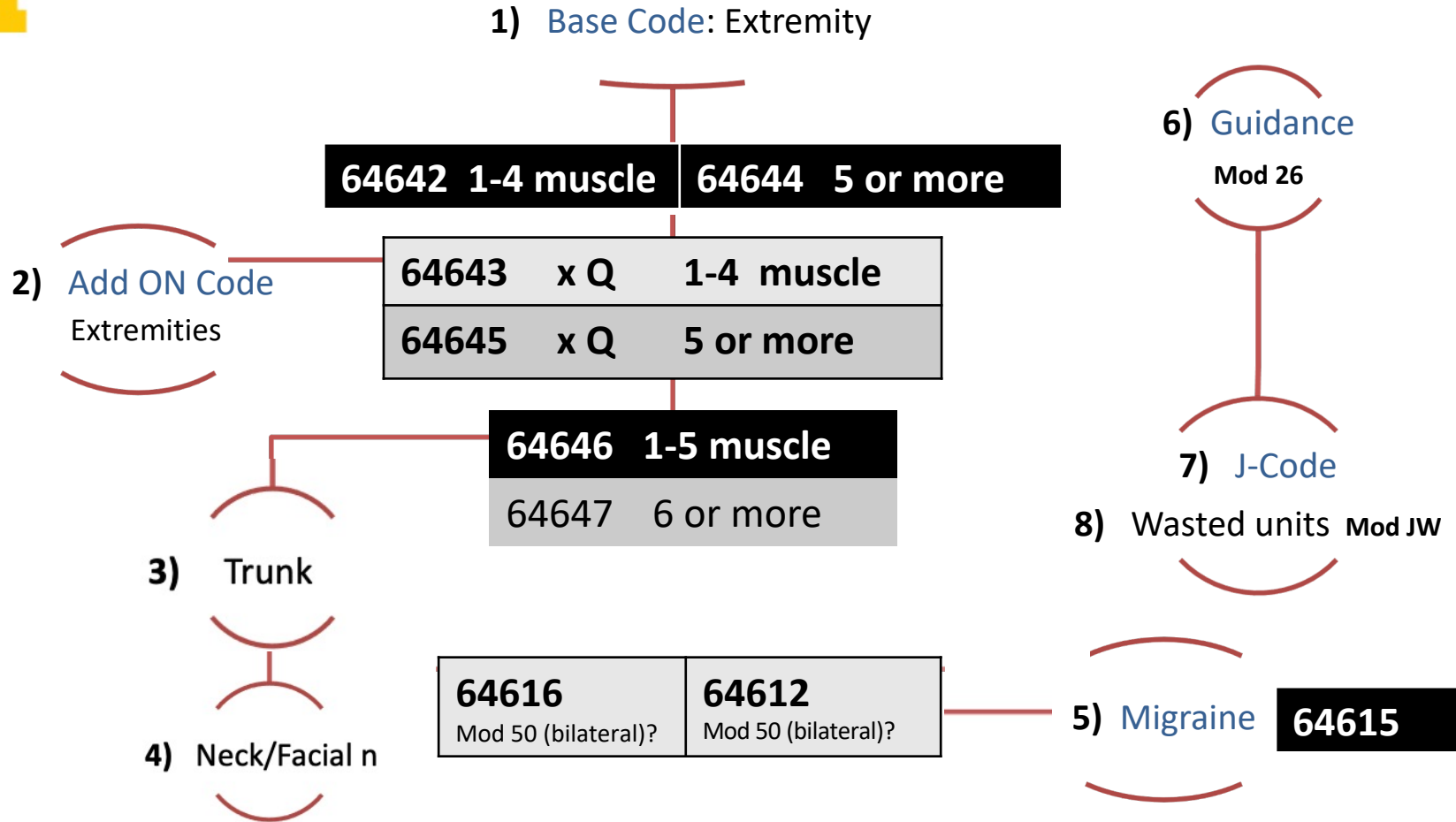| CPT description w/ wRVU	Modifier 50	Modifier 26
64642 PC- Chemodenervation of ONE extremity: 1-4 muscle(s) RVW 1.65	**n/a**	yes
64643 **PC- Chemodenervation of ONE extremity, each additional extremity: 1-4 muscle(s) RVW 1.22**	**n/a**	yes
64644 PC- Chemodenervation of ONE extremity: 5 or more muscle(s) RVW 1.82	**n/a**	yes
64645 **PC- Chemodenervation of ONE extremity: each additional extremity 5 or more muscle(s) RVW 1.65**	**n/a**	yes
HIGHLIGHTED are BASE CODES		

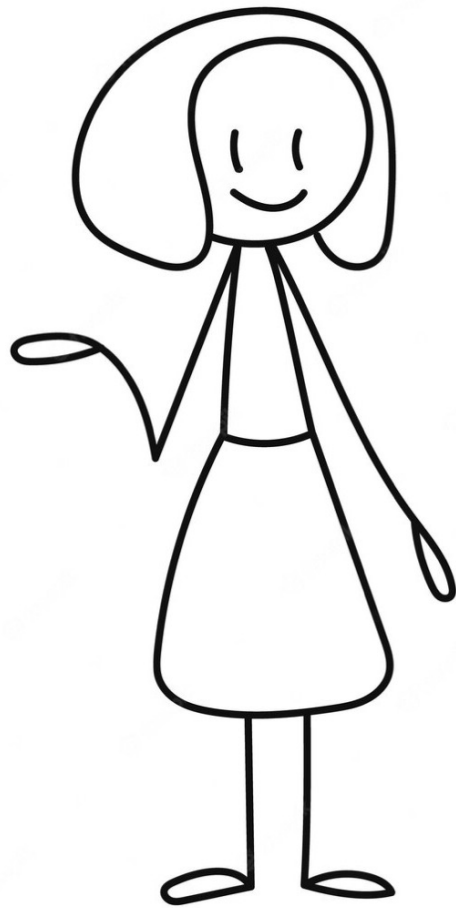| CPT description w/ wRVU	Modifier 50	Modifier 26
64612 <u>PC- Chemodenervation</u> of facial nerve unilateral RVW 1.41	**yes**	yes
64615 <u>PC- Chemodenervation</u> of facial/trigeminal/cervical muscle migraine **(Bilateral)** RVW 1.85	no	yes
64616 <u>PC- Chemodenervation</u> of neck muscle(s)/excluding larynx **(Unilateral)** RVU 1.53	**yes**	yes

Guidance: A Professional Charge	Modifier
Visual/palpation only. No guidance charge	n/a
95873 PC Electric Stimulation Guidance for Chemodenervation	26
95874 PC Needle EMG Guidance for Chemodenervation	26
76942 PC Ultrasound Guidance for Chemical Denervation	26

Trunk muscle (s) Chemodenervation		
64646 PC Chemodenervation Trunk muscle(s):1-5 1.8 RVW		
64647 PC Chemodenervation Trunk muscle(s):6 or more 2.11 RVW		

M

1) Base Code: Extremity

| 64642 1-4 muscle | 64644 5 or more |

| 64643 x Q | 1-4 muscle |
| 64645 x Q | 5 or more |

2) Add ON Code
Extremities

| 64646 1-5 muscle |
| 64647 6 or more |

3) Trunk

4) Neck/Facial n

| 64616 | 64612 |
| Mod 50 (bilateral)? | Mod 50 (bilateral)? |

5) Migraine   64615

6) Guidance
Mod 26

7) J-Code

8) Wasted units Mod JW

Case 1:

100 units of IncobotulinumToxinA was diluted using 4 cc of preservative free saline. E-stim was used to localize muscles. 50 units were injected into right adductor magnus (50U), (25U) in the Adductor Longus and (50U) in the left adductor Magnus.

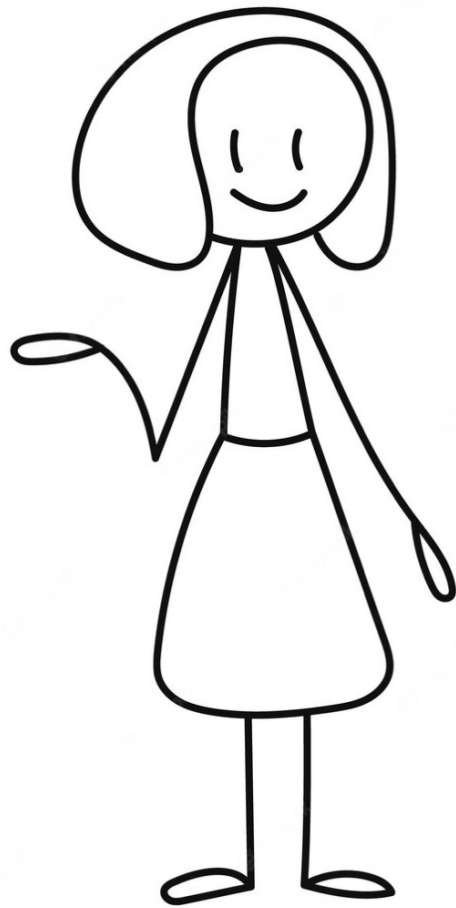**How do we code this?** Please place markings on figure for where injected.
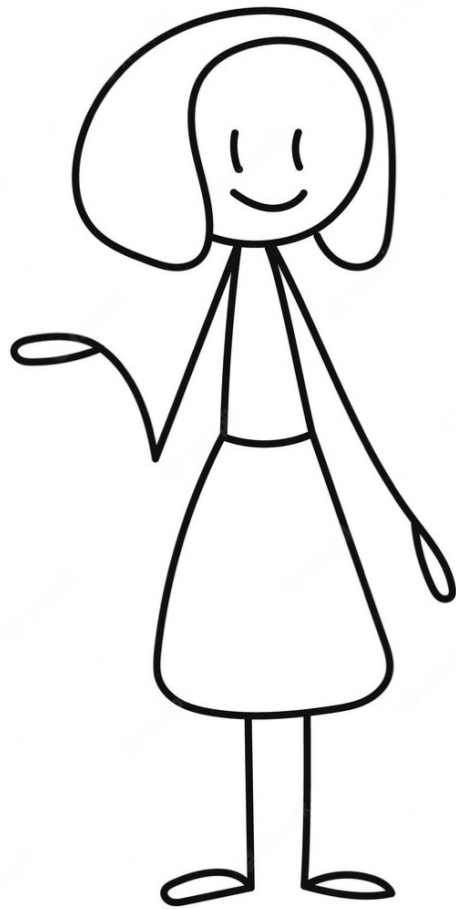
Base Code:	
Add On Code:	
Trunk	
Neck/ facial n	
Migraine	
Guidance	
J code:	
Wasted units	

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Case 2: 200 units of OnaBotuliumtoxinA was prepared with dilution with 4 cc Normal Saline. Lower extremity chemodenervation is unchanged. **Please trace screen for markings on these muscles. How do we code this?**

Corrugator	5	5
Procerus	5	
Frontalis	10 (2 sites)	10 (2 sites)
Temporalis	20 (4 sites)	20 (4 sites)
Occipitalis	15 (3 sites)	15 (3 sites)
Trapezius	15 (3 sites)	15 (3 sites)
Cervical paraspinal	10 (2 sites)	10 (2 sites)

PHYSICAL MEDICINE & REHABILITATION

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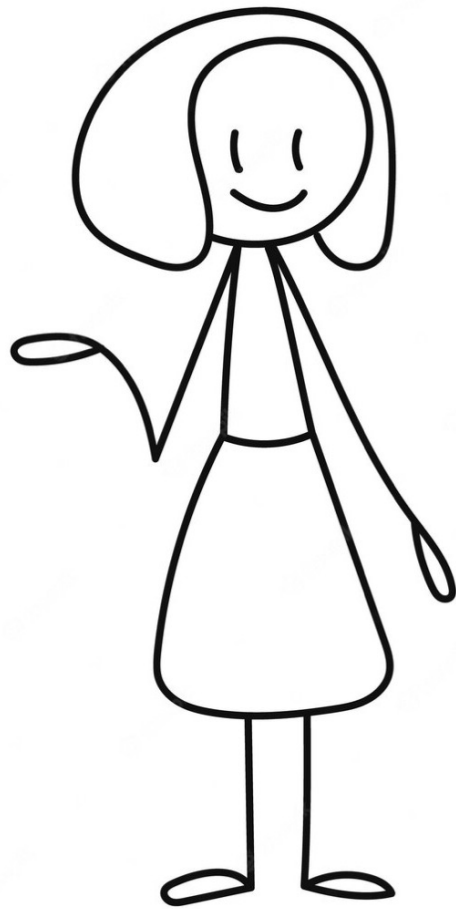
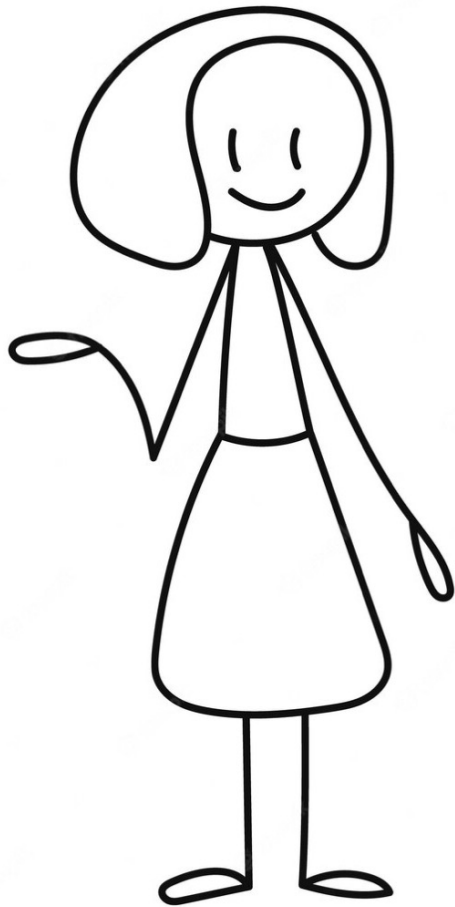Base Code:

Add On Code:

Trunk

Neck/ facial n

Migraine

Guidance

J code:

Wasted units

Case 3
Amanda suffers a left MCA stroke with right hemiparesis with pain due to tone.

*E-Stim guidance for her <u>Upper extremity:</u>
Pronator Teres (20U) FDP (20U), FDS (20U), brachialis(20U), FPL(10).

*US guidance for her <u>Lower Extremity:</u>
Gastrocnemius medial and lateral head (25U each), soleus (25U), posterior tibialis (25U) as well as her baseline adductor tone bilaterally (50U).
You dilute 300 units with 6cc preservative free saline of Onabotulinumtoxin A.

Place markings where injected. How would you code this procedure?

PHYSICAL MEDICINE & REHABILITATION

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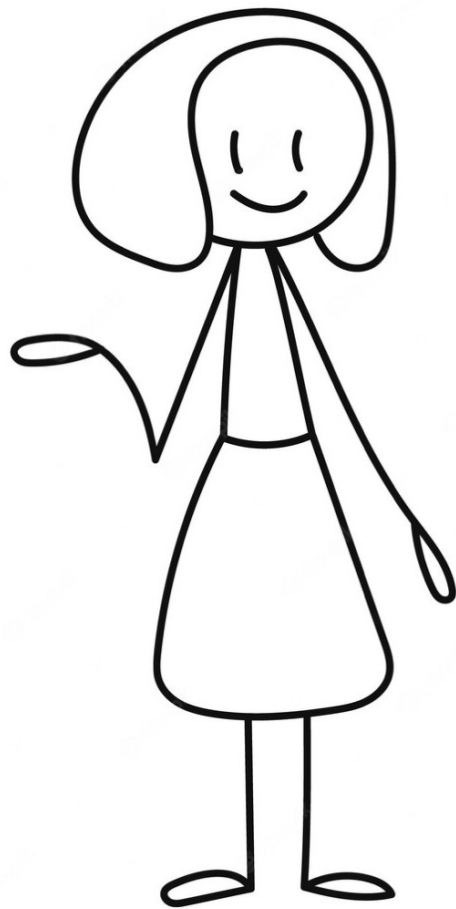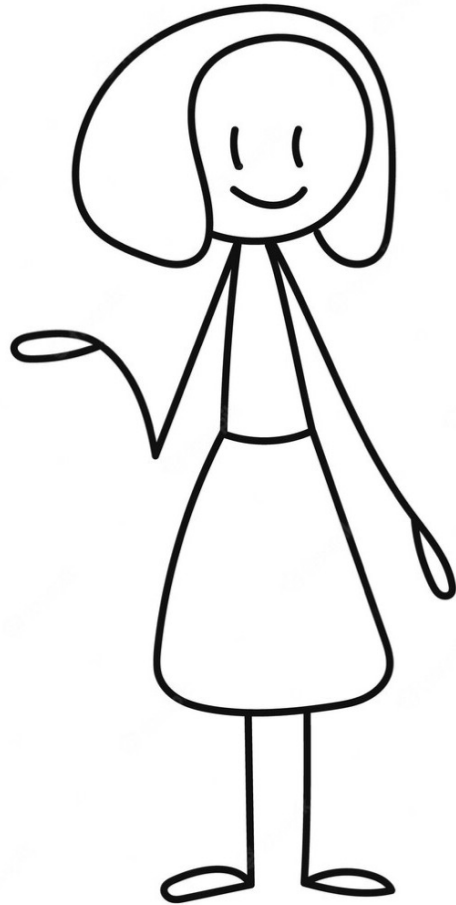
Base Code:

Add On Code:
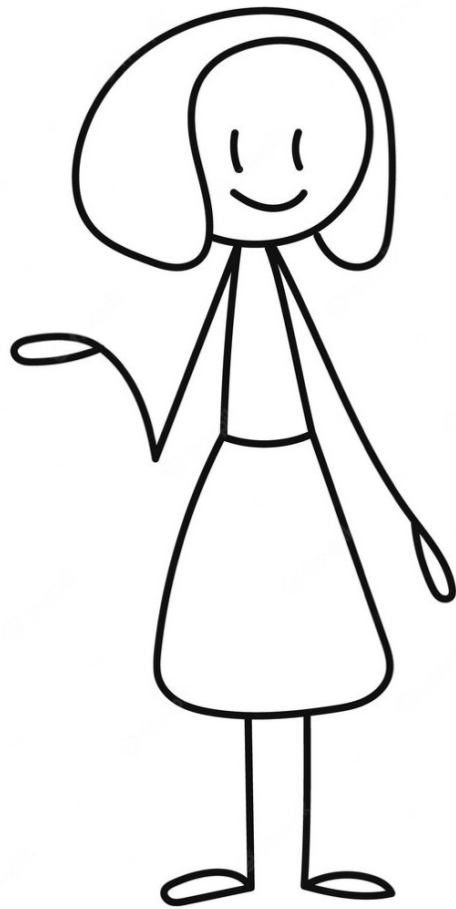
Trunk

Neck/ facial n

Migraine

Guidance

J code:

Wasted units

Case 4: Lura is a patient with C3 ASIA A Vent dependent SCI with TBI that is noted to have her head constantly turned to the right with her chin flexed into her body with shoulder adduction. This position causes pain and skin irritation underneath the chin and on the chest with a stage 2 pressure injury.

You elect to use EMG for guidance to inject her bilateral SCM (left 30 units, right 20 units, bilateral scalenes (15 units) and left pectoralis m (20 units) with Onabotulinumtoxin A. You dilute 100 units with 4cc preservative free saline.

Please place markings where injected. How would you code this?

PHYSICAL MEDICINE & REHABILITATION

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Base Code:	
Add On Code:	
Trunk	
Neck/ facial n	
Migraine	
Guidance	
J code:	
Wasted units	

Post test

- When do you use Modifier 50?_____
- Name a muscle that can be considered as UE and trunk. _____
- True or false: More than one guidance type can be assigned to a claim _____

Which parts of the course were most effective in increasing your understanding of CPT billing procedures?

In what ways do you think this information will aid you in practice management?

How will you change your approach to appropriately applying CPT to denervation injections? What impact do you think this lesson will have in your approach to billing and coding in practice management overall?