



**Attention Professional Services Providers:**

**Medical Review Required for CPT Code 64615**

Effective with dates of service beginning **April 15, 2013**, Medical Review is required for *Current Procedural Terminology* (CPT) code 64615 (Chemodenervation of muscle(s): innervated by facial...for chronic migraine) to determine if the following criteria have been met prior to allowing payment. For the treatment to be reimbursed using this code, documentation must be submitted with the claim that demonstrates that the patient meets these criteria related to chronic migraine:

- Fifteen or more days of headache or a headache that lasts 4 hours or more per day over 30 days

Please visit [www.lamedicaid.com](http://www.lamedicaid.com) for the notice. If you have any questions please contact Molina Provider Relations at (800)473-2783 or (225)924-5040.