

Physician Reimbursement

CPT ¹ Code	CPT Code Descriptors	RVUs ^A	2022 ² Payment
64912 ^B	Nerve repair; with nerve allograft, each nerve, first strand (cable)	26.31	\$910
+64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	5.16	\$179

CPT/HCPCS Modifier Options	
Modifier ^C	Description
-22	Increased Procedural Service
-50	Bilateral Procedure
-51	Multiple Procedures
-58	Staged or Related Procedure or Service by Same Physician or Other Qualified Healthcare Professional During the Postoperative Period
-59	Distinct Procedural Service
-XE	Separate Encounter
-XS	Separate Structure
-XP	Separate Practitioner
-XU	Unusual Non-Overlapping Service

Outpatient Facility Reimbursement

CPT Code	APC Description	APC	HOPD SI ^D	HOPD ³ 2022 Payment	ASC SI ^E	ASC ⁴ 2022 Payment
64912	Level 2 Nerve Procedures	5432	J1	\$5,824	J8	\$3,868
+64913	Bundled into Primary C-APC Payment			No separate payment		No separate payment

HCPCS Level II Coding Options	
HCPCS ⁵ Code	HCPCS Code Description
C9399	Unclassified Drugs or Biologicals
L8699	Prosthetic Implant, Not Otherwise Specified
C1762	Connective Tissue, Human (Includes Fascia Lata)

Inpatient Facility Reimbursement

ICD-10-PCS Hospital Procedure Codes	
ICD-10-PCS ⁶ Code	Procedure Description
01U40KZ	Supplement Ulnar Nerve with Nonautologous Tissue Substitute, Open Approach
01U50KZ	Supplement Median Nerve with Nonautologous Tissue Substitute, Open Approach
01U60KZ	Supplement Radial Nerve with Nonautologous Tissue Substitute, Open Approach
01UD0KZ	Supplement Femoral Nerve with Nonautologous Tissue Substitute, Open Approach
01UF0KZ	Supplement Sciatic Nerve with Nonautologous Tissue Substitute, Open Approach
01UG0KZ	Supplement Tibial Nerve with Nonautologous Tissue Substitute, Open Approach
01UH0KZ	Supplement Peroneal Nerve with Nonautologous Tissue Substitute, Open Approach
00UK0KZ	Supplement Trigeminal Nerve with Nonautologous Tissue Substitute, Open Approach
00UM0KZ	Supplement Facial Nerve with Nonautologous Tissue Substitute, Open Approach
00UP0KZ	Supplement Glossopharyngeal Nerve with Nonautologous Tissue Substitute, Open Approach
00US0KZ	Supplement Hypoglossal Nerve with Nonautologous Tissue Substitute, Open Approach
00UR0KZ	Supplement Accessory Nerve with Nonautologous Tissue Substitute, Open Approach

A. Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU. Information presented herein reflects the Facility Setting.
 B. Report Add-on code +64913 with 64912. Do not report these codes with 69990 (includes operating microscope). Multiple procedure reduction guidelines may apply.
 C. The CPT codes in this Guide are unilateral procedures. If performed bilaterally, some payors require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payors.
 D. HOPD Status Key: C = Inpatient only procedure; J1 = Comprehensive APC rules apply; all covered Part B services are packaged into a single payment; N = No separate payment; payment is packaged into payment for other services; Q1 = Packaged APC payment if billed on the same date of service as an HCPCS code assigned status indicator S, T, V; S = Significant procedure, not discounted when multiple procedure performed; T = Procedure, discounted 50% when another procedure with a T status is billed.
 E. ASC Status Key: J8: Device-intensive procedure and subject to the multiple procedure discount (50%)

Inpatient Facility Reimbursement

ICD-10-PCS Hospital Procedure Codes	
ICD-10-PCS ⁶ Code	Procedure Description
01U80KZ	Supplement Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
01R40KZ	Replacement Ulnar Nerve with Nonautologous Tissue Substitute, Open Approach
01R50KZ	Replacement Median Nerve with Nonautologous Tissue Substitute, Open Approach
01R60KZ	Replacement Radial Nerve with Nonautologous Tissue Substitute, Open Approach
01RD0KZ	Replacement Femoral Nerve with Nonautologous Tissue Substitute, Open Approach
01RF0KZ	Replacement Sciatic Nerve with Nonautologous Tissue Substitute, Open Approach
01RG0KZ	Replacement Tibial Nerve with Nonautologous Tissue Substitute, Open Approach
01RH0KZ	Replacement Peroneal Nerve with Nonautologous Tissue Substitute, Open Approach
01R80KZ	Replacement Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
00RK0KZ	Replacement Trigeminal Nerve with Nonautologous Tissue Substitute, Open Approach
00RM0KZ	Replacement Facial Nerve with Nonautologous Tissue Substitute, Open Approach
00RP0KZ	Replacement Glossopharyngeal Nerve with Nonautologous Tissue Substitute, Open Approach
00RS0KZ	Replacement Hypoglossal Nerve with Nonautologous Tissue Substitute, Open Approach
00RR0KZ	Replacement Accessory Nerve with Nonautologous Tissue Substitute, Open Approach

ICD-10-CM Diagnosis Codes	
ICD-10-CM ⁷ Code ^F	Diagnosis Description
S44.01XA	Injury of Ulnar Nerve at Upper Arm Level, Right Arm, Initial Encounter
S44.02XA	Injury of Ulnar Nerve at Upper Arm Level, Left Arm, Initial Encounter
S44.11XA	Injury of Median Nerve at Upper Arm Level, Right Arm, Initial Encounter
S44.12XA	Injury of Median Nerve at Upper Arm Level, Left Arm, Initial Encounter
S44.21XA	Injury of Radial Nerve at Upper Arm Level, Right Arm, Initial Encounter
S44.22XA	Injury of Radial Nerve at Upper Arm Level, Left Arm, Initial Encounter
S54.01XA	Injury of Ulnar Nerve at Forearm Level, Right Arm, Initial Encounter
S54.02XA	Injury of Ulnar Nerve at Forearm Level, Left Arm, Initial Encounter
S54.11XA	Injury of Median Nerve at Forearm Level, Right Arm, Initial Encounter
S54.12XA	Injury of Median Nerve at Forearm Level, Left Arm, Initial Encounter
S64.21XA	Injury of Radial Nerve at Wrist and Hand Level of Right Arm, Initial Encounter
S64.22XA	Injury of Radial Nerve at Wrist and Hand Level of Left Arm, Initial Encounter
S64.31XA	Injury of Digital Nerve of Right Thumb, Initial Encounter
S64.32XA	Injury of Digital Nerve of Left Thumb, Initial Encounter
S74.11XA	Injury of Femoral Nerve at Hip and Thigh Level, Right Leg, Initial Encounter
S74.12XA	Injury of Femoral Nerve at Hip and Thigh Level, Left Leg, Initial Encounter
S74.8X1A	Injury of Other Nerves at Hip and Thigh Level, Right Leg, Initial Encounter
S74.8X2A	Injury of Other Nerves at Hip and Thigh Level, Left Leg, Initial Encounter
S84.01XA	Injury of Tibial Nerve at Lower Leg Level, Right Leg, Initial Encounter
S84.02XA	Injury of Tibial Nerve at Lower Leg Level, Left Leg, Initial Encounter
S84.11XA	Injury of Peroneal Nerve at Lower Leg Level, Right Leg, Initial Encounter
S84.12XA	Injury of Peroneal Nerve at Lower Leg Level, Left Leg, Initial Encounter
S84.91XA	Injury of Unspecified Nerve at Lower Leg Level, Right Leg, Initial Encounter
S84.92XA	Injury of Unspecified Nerve at Lower Leg Level, Left Leg, Initial Encounter
S84.801A	Injury of Other Nerves at Lower Leg Level, Right Leg, Initial Encounter
S84.802A	Injury of Other Nerves at Lower Leg Level, Left Leg, Initial Encounter
S04.51XA	Injury of Facial Nerve, Right Side, Initial Encounter
S04.52XA	Injury of Facial Nerve, Left Side, Initial Encounter
S04.891A	Injury of Other Cranial Nerves, Right Side, Initial Encounter
S04.892A	Injury of Other Cranial Nerves, Left Side, Initial Encounter
S04.71XA	Injury of Accessory Nerve, Right Side, Initial Encounter
S04.72XA	Injury of Accessory Nerve, Left Side, Initial Encounter

F. ICD-10-CM Injury Codes – The 7th character changes with encounter level. A=Initial Encounter, D=Subsequent Encounter, S=Sequela. Only the initial encounter code is listed in this Guide. Additional codes exist for the other encounter levels.

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ICD-10-CM Diagnosis Codes	
ICD-10-CM ⁷ Code ^F	Diagnosis Description
S24.8XXA	Injury of Other Specified Nerves of Thorax, Initial Encounter
S24.3XXA	Injury of Peripheral Nerve of the Thorax, Initial Encounter
S04.31XA	Injury of Trigeminal Nerve, Right Side, Initial Encounter
S04.32XA	Injury of Trigeminal Nerve, Left Side, Initial Encounter

MS-DRG	MS-DRG Description	2022 ⁸ Payment
040	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$23,346
041	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$14,194
042	Peripheral/Cranial Nerve and Other Nervous System Procedure without CC/MCC	\$11,485

F. ICD-10-CM Injury Codes – The 7th character changes with encounter level. A=Initial Encounter, D=Subsequent Encounter, S=Sequela. Only the initial encounter code is listed in this Guide. Additional codes exist for the other encounter levels.

References:

1. CPT 2022 Professional Edition, ©2021 American Medical Association (AMA); CPT is a trademark of the AMA.
2. 2022 Medicare Physician Fee Schedule, www.cms.gov; Last accessed January 2022
3. 2022 Medicare Hospital Outpatient Prospective Payment System, www.cms.gov; Last accessed December 2021
4. 2022 Medicare ASC Payment Rates, www.cms.gov; Last accessed December 2021
5. 2022 HCPCS, www.cms.gov; Last accessed December 2021
6. 2022 ICD-10-PCS, www.cms.gov; Last accessed December 2021
7. 2022 ICD-10-CM, www.cms.gov; Last accessed December 2021
8. 2022 DRG Expert, Optum 360, LLC.

Disclaimer: The information is for educational purposes only and should not be construed as authoritative. The information is current as of January 2022 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third-party payors is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Items and services that are billed to payors must be medically necessary and supported by appropriate documentation. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by the payors.

Regulatory Classification: Avance Nerve Graft is processed and distributed in accordance with U.S. Food and Drug Administration (FDA) requirements for Human Cellular and Tissue-based Products (HCT/P) under 21 CFR Part 1271 regulations, U.S. State regulations and the guidelines of the American Association of Tissue Banks (AATB). Additionally, international regulations are followed as appropriate.

Indication for Use: Avance Nerve Graft is processed nerve allograft (human) intended for the surgical repair of peripheral nerve discontinuities to support regeneration across the defect.

Contraindications: Avance Nerve Graft is contraindicated for use in any patient in whom soft tissue implants are contraindicated. This includes any pathology that would limit the blood supply and compromise healing or evidence of a current infection.

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