



breast neurotization physician & facility coding & billing

2022 Medicare National Average Payments

Physician Reimbursement

CPT ¹ Code	CPT Code Description	RVUs ^A	2022 ² Payment
Nerve Repair Coding Options			
64910	Nerve repair; with synthetic conduit or vein allograft (e.g. nerve tube), each nerve	22.82	\$790
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	26.31	\$910
+64913 ^B	Nerve repair; with nerve allograft, each additional strand (list separately in addition to code for primary procedure)	5.16	\$179
Breast Reconstruction Coding Options			
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	80.47	\$2,785
19367	Breast reconstruction; with single-pedicled transverse rectus abdominus myocutaneous (TRAM) flap	52.34	\$1,811
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous flap (TRAM), requiring separate microvascular anastomosis (supercharging)	64.21	\$2,222
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap (TRAM)	59.66	\$2,065
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	34.32	\$1,188
19361	Breast reconstruction; with latissimus dorsi flap	46.06	\$1,594
19340	Insertion of breast implant on same day of mastectomy (i.e., immediate)	22.44	\$777
19342	Insertion or replacement of breast implant on separate day from mastectomy	22.52	\$779
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	0.00	Carrier Det.

CPT/HCPCS Modifier Options	
Modifier	Description
-22	Increased Procedural Service
-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 ^C	HOPD ³ 2022 Payment	ASC SI ^D	ASC ⁴ 2022 Payment
Nerve Repair Coding Options						
64910	Level 2 Nerve Procedures	5432	J1	\$5,824	J8	\$3,882
64912	Level 2 Nerve Procedures	5432	J1	\$5,824	J8	\$3,868
+64913	Bundled into primary C-APC payment rate	-	N	No separate payment		No separate payment
Breast Reconstruction Coding Options						
19357	Level 4 Breast/Lymphatic Surgery and Related Procedures	5094	J1	\$15,238	J8	\$5,741
19340	Level 2 Breast/Lymphatic Surgery and Related Procedures	5092	J1	\$5,652	A2	\$2,309
19342	Level 3 Breast/Lymphatic Surgery and Related Procedures	5093	J1	\$9,106	A2	\$2,855
17999	Level 1 Skin Procedures	5051	Q1	\$183		N/A

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. 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, or V; S = Significant procedure, not discounted when multiple procedure performed; T = Procedure, discounted 50% when another procedure with a T status is billed
 D. ASC Status Key: A2: Payment based on OPPS relative payment rate and subject to the multiple procedure discount (50%); J8: Device-intensive procedure and subject to the multiple procedure discount (50%)

Outpatient Facility Reimbursement

HCPCS Level II Coding Options	
HCPCS Code ⁵	HCPCS Code Description
C9399	Unclassified Drugs or Biologicals
L8699	Prosthetic Implant, Not Otherwise Specified
C1762	Connective Tissue, Human (Includes Fascia Lata)
C1889	Implantable/Insertable Device for Device Intensive Procedure, Not Otherwise Classified
C1789	Prosthesis, Breast (Implantable)
L8600	Implantable Breast Prosthesis

Inpatient Facility Reimbursement

ICD-10-PCS Hospital Procedure Codes	
ICD-10-PCS ⁶ Code	Procedure Description
Nerve Repair Coding Options	
01U80KZ	Supplement Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
01U80JZ	Supplement Thoracic Nerve with Synthetic Substitute, Open Approach
01R80KZ	Replacement of Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
Breast Reconstruction Coding Options	
0HRT077	Replacement of Right Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach
0HRU077	Replacement of Left Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach
0HRV077	Replacement of Bilateral Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach
0HRT076	Replacement of Right Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open Approach
0HRU076	Replacement of Left Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open Approach
0HRV076	Replacement of Bilateral Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open Approach
0HHT0NZ	Insertion of Tissue Expander into Right Breast, Open Approach
0HHU0NZ	Insertion of Tissue Expander into Left Breast, Open Approach
0HHV0NZ	Insertion of Tissue Expander into Bilateral Breast, Open Approach
0HRT075	Replacement of Right Breast using Latissimus Dorsi Myocutaneous Flap, Open Approach
0HRU075	Replacement of Left Breast using Latissimus Dorsi Myocutaneous Flap, Open Approach
0HRV075	Replacement of Bilateral Breast using Latissimus Dorsi Myocutaneous Flap, Open Approach
0KXF0Z5	Transfer Right Trunk Muscle, Latissimus Dorsi Myocutaneous Flap, Open Approach
0KXG0Z5	Transfer Left Trunk Muscle, Latissimus Dorsi Myocutaneous Flap, Open Approach
0HRT079	Replacement of Right Breast using Gluteal Artery Perforator Flap, Open Approach
0HRU079	Replacement of Left Breast using Gluteal Artery Perforator Flap, Open Approach
0KXF0Z7	Transfer Right Trunk Muscle, Deep Inferior Epigastric Artery Perforator Flap, Open Approach
0KXG0Z7	Transfer Left Trunk Muscle, Deep Inferior Epigastric Artery Perforator Flap, Open Approach
0KXF0Z9	Transfer Right Trunk Muscle, Gluteal Artery Perforator Flap, Open Approach
0KXG0Z9	Transfer Left Trunk Muscle, Gluteal Artery Perforator Flap, Open Approach

ICD-10-CM Diagnosis Codes	
ICD-10-CM ⁷ Code	Diagnosis Description
Nerve Repair Coding Options	
S24.3XXA ^E	Injury of peripheral nerve of the thorax, initial encounter
Breast Reconstruction Coding Options	
C50.011	Malignant Neoplasm of Nipple and Areola, Right Female Breast
C50.012	Malignant Neoplasm of Nipple and Areola, Left Female Breast
C50.019	Malignant Neoplasm of Nipple and Areola, Unspecified Female Breast
C50.111	Malignant Neoplasm of Central Portion of Right Female Breast
C50.112	Malignant Neoplasm of Central Portion of Left Female Breast
C50.119	Malignant Neoplasm of Central Portion of Unspecified Female Breast

E. 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.

Inpatient Facility Reimbursement

ICD-10-CM Diagnosis Codes	
ICD-10-CM ⁷ Code	Diagnosis Description
Breast Reconstruction Coding Options	
C50.211	Malignant Neoplasm of Upper-Inner Quadrant of Right Female Breast
C50.212	Malignant Neoplasm of Upper-Inner Quadrant of Left Female Breast
C50.219	Malignant Neoplasm of Upper-Inner Quadrant of Unspecified Female Breast
C50.311	Malignant Neoplasm of Lower-Inner Quadrant of Right Female Breast
C50.312	Malignant Neoplasm of Lower-Inner Quadrant of Left Female Breast
C50.319	Malignant Neoplasm of Lower-Inner Quadrant of Unspecified Female Breast
C50.411	Malignant Neoplasm of Upper-Outer Quadrant of Right Female Breast
C50.412	Malignant Neoplasm of Upper-Outer Quadrant of Left Female Breast
C50.419	Malignant Neoplasm of Upper-Outer Quadrant of Unspecified Female Breast
C50.511	Malignant Neoplasm of Lower-Outer Quadrant of Right Female Breast
C50.512	Malignant Neoplasm of Lower-Outer Quadrant of Left Female Breast
C50.519	Malignant Neoplasm of Lower-Outer Quadrant of Unspecified Female Breast
C50.611	Malignant Neoplasm of Axillary Tail of Right Female Breast
C50.612	Malignant Neoplasm of Axillary Tail of Left Female Breast
C50.619	Malignant Neoplasm of Axillary Tail of Unspecified Female Breast
C50.811	Malignant Neoplasm of Overlapping Sites of Right Female Breast
C50.812	Malignant Neoplasm of Overlapping Sites of Left Female Breast
C50.819	Malignant Neoplasm of Overlapping Sites of Unspecified Female Breast
C79.81	Secondary Malignant Neoplasm of Breast
D05.00	Lobular Carcinoma In Situ of Unspecified Breast
D05.01	Lobular Carcinoma In Situ of Right Breast
D05.02	Lobular Carcinoma In Situ of Left Breast
D05.10	Intraductal Carcinoma In Situ of Unspecified Breast
D05.11	Intraductal Carcinoma In Situ of Right Breast
D05.12	Intraductal Carcinoma In Situ of Left Breast
D05.80	Other Specified Type of Carcinoma In Situ of Unspecified Breast
D05.81	Other Specified Type of Carcinoma In Situ of Right Breast
D05.82	Other Specified Type of Carcinoma In Situ of Left Breast
D05.90	Unspecified Type of Carcinoma In Situ of Unspecified Breast
D05.91	Unspecified Type of Carcinoma In Situ of Right Breast
D05.92	Unspecified Type of Carcinoma In Situ of Left Breast
N60.11	Diffuse Cystic Mastopathy of Right Breast
N60.12	Diffuse Cystic Mastopathy of Left Breast
N60.19	Diffuse Cystic Mastopathy of Unspecified Breast
N60.31	Fibrosclerosis of Right Breast
N60.32	Fibrosclerosis of Left Breast
N60.39	Fibrosclerosis of Unspecified Breast
N64.81	Ptosis of Breast
N64.82	Hypoplasia of Breast
N64.89	Other Specified Disorders of Breast
N65.0	Deformity of Reconstructed Breast
N65.1	Disproportion of Reconstructed Breast
R20.0	Anesthesia of Skin
R20.1	Hypoesthesia of Skin
R20.2	Paresthesia of Skin
R20.8	Other Disturbances of Skin Sensation
R20.9	Unspecified Disturbances of Skin Sensation
T85.41XA	Breakdown (Mechanical) of Breast Prosthesis and Implant, Initial Encounter
T85.41XD	Breakdown (Mechanical) of Breast Prosthesis and Implant, Subsequent Encounter
T85.41XS	Breakdown (Mechanical) of Breast Prosthesis and Implant, Sequela

Inpatient Facility Reimbursement

ICD-10-CM Diagnosis Codes	
ICD-10-CM ⁷ Code	Diagnosis Description
Breast Reconstruction Coding Options	
T85.42XA	Displacement of Breast Prosthesis and Implant, Initial Encounter
T85.42XD	Displacement of Breast Prosthesis and Implant, Subsequent Encounter
T85.42XS	Displacement of Breast Prosthesis and Implant, Sequela
T85.43XA	Leakage of Breast Prosthesis and Implant, Initial Encounter
T85.43XD	Leakage of Breast Prosthesis and Implant, Subsequent Encounter
T85.43XS	Leakage of Breast Prosthesis and Implant, Sequela
T85.44XA	Capsular Contracture of Breast Implant, Initial Encounter
T85.44XD	Capsular Contracture of Breast Implant, Subsequent Encounter
T85.44XS	Capsular Contracture of Breast Implant, Sequela
T85.49XA	Other Mechanical Complication of Breast Prosthesis and Implant, Initial Encounter
T85.49XD	Other Mechanical Complication of Breast Prosthesis and Implant, Subsequent
T85.49XS	Other Mechanical Complication of Breast Prosthesis and Implant, Sequela
Z90.10	Acquired Absence of Unspecified Breast and Nipple
Z90.11	Acquired Absence of Right Breast and Nipple
Z90.12	Acquired Absence of Left Breast and Nipple
Z90.13	Acquired Absence of Bilateral Breasts and Nipples
Z41.1	Encounter for Cosmetic Surgery
Z40.01	Encounter for Prophylactic Removal of Breast
Z42.1	Encounter for Breast Reconstruction Following Mastectomy

MS-DRG	MS-DRG Description	2022 ⁸ Payment
582	Mastectomy for Malignancy with CC/MCC	\$9,925
583	Mastectomy for Malignancy without CC/MCC	\$9,312
584	Breast Biopsy, Local Excision and Other Breast Procedures with CC/MCC	\$11,093
585	Breast Biopsy, Local Excision and Other Breast Procedures without CC/MCC	\$10,508

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.

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