



# 2020, 2021, and 2022 CMS OPPTS (Outpatient Prospective Payment System) Reimbursement Changes

## outpatient facility payments for nerve graft and Connector-Assisted Repair® procedures increased ≥ 20% in 2020 and has been sustained through 2022

Medicare sets payment rates based on the costs of services provided. Prior to 2020, all nerve repairs (direct, conduits, or grafts) fell into the level 2 nerve repair Ambulatory Payment Classification (APC) 5432. In 2020 most direct repair procedures were moved to APC 5431, leading to a 21% rate increase for nerve repair with conduit or grafts (allograft and autograft) in the Hospital Outpatient setting. In 2021 and 2022 payment levels were upheld with an additional 2-3% increase in payments each year.

In 2020 the Ambulatory Surgery Center (ASC) allograft procedures (CPT 64912) received device intensive status allowing the payment rate to be set by CPT (vs. APC). This resulted in a rate increase of 78%. Conduit procedures (CPT 64910) maintained device intensive status with a 20% payment increase. In 2021 and 2022 allograft (CPT 64912) and conduit (CPT 64910) retained device intensive status. In 2021 allograft (CPT 64912) and conduit (CPT 64910) payments increased 11% and 21% respectively, and in 2022 rose another ~2% for both procedures.

## outpatient facility payments for most direct repair procedures decreased approximately 60% in 2020 and has been sustained through 2022

In 2020, select direct repair procedures (digital, sciatic, and brachial plexus) were moved to the lower paying APC 5431 and Outpatient Hospital and ASCs saw a respective 62% and 59% reduction in payment for these select direct repairs.

In 2021, rates for direct digital and brachial plexus nerve repair saw a modest 1%-2% increase. Direct sciatic nerve repair received device intensive status and a larger payment increase but continues to trail payments for graft and conduit procedures. These trends maintained in 2022 with a 2-3% increase.

## coding procedures correctly is important in establishing appropriate payment

Medicare sets payments based on costs of services provided for a procedure and proper coding ensures future payments can be properly adjusted to accurately reflect costs.

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# medicare hospital outpatient and ASC nerve repair payments have changed significantly

CPT Code	Descriptor	C-APC	Hospital Outpatient (HOPD) <sup>1</sup>					Ambulatory Surgery Center (ASC) <sup>1</sup>				
			2019	2020	2021	2022	3Y % Change	2019	2020	2021	2022	3Y % Change
64912	<b>Allograft nerve repair<sup>2</sup></b>	5432	\$4,566	\$5,508	\$5,700	\$5,824	<b>28%</b>	\$1,920	\$3,422	\$3,788	\$3,868	<b>102%</b>
64910	<b>Conduit nerve repair<sup>2</sup></b>	5432	\$4,566	\$5,508	\$5,700	\$5,824	<b>28%</b>	\$2,613	\$3,133	\$3,802	\$3,882	<b>49%</b>
64831, 64861	<b>Direct nerve repair (digital, brachial plexus)</b>	5431	\$4,566	\$1,719	\$1,754	\$1,793	<b>-61%</b>	\$1,920	\$797	\$809	\$826	<b>-57%</b>
64858	<b>Direct nerve repair (sciatic)<sup>3</sup></b>	5431	\$4,566	\$1,719	\$1,754	\$1,793	<b>-61%</b>	\$1,920	\$797	\$1,434	\$1,474	<b>-23%</b>

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MKTG-0243 R01

## citations

1. CMS 2019-2022 OPPS National average payment rates.
2. ASC 2019-2022 payments for nerve allograft repair CPT 64912, conduit repair CPT 64910 met ASC device intensive criteria in 2020-2022
3. ASC 2019-2022 payments for direct repair, CPT 64858 sciatic nerve met ASC device intensive criteria in 2021-2022.