breast neurotization
physician & facility coding & billing
2025 medicare national average payments

diagnosis

ICD-10-CM[1] code	ICD-10 CM code description		
S24.3XXA[A]	Injury of Peripheral Nerve of the Thorax, Initial Encounter	R20.0	Anesthesia of Skin (Numbness)
R20.1	Hypoesthesia of Skin	D36.14	Benign Neoplasm of Peripheral Nerves and Autonomic Nervous System of Thorax

physician reimbursement

CPT[2] code	CPT code description	RVUs[B]	2025[3] payment
	nerve decompression		
64722	Decompression; Unspecified Nerve(s) (Specify)	11.40	$369
	nerve repair with nerve conduit		
64910	Nerve Repair; with Synthetic Conduit or Vein Allograft (e.g. Nerve Tube), Each Nerve	23.14	$748
	nerve repair with nerve allograft		
64912	Nerve Repair; with Nerve Allograft, Each Nerve, First Strand (Cable)	27.08	$876
+64913[C]	Nerve Repair; with Nerve Allograft, Each Additional Strand (List Separately in Addition to Code for Primary Procedure)	5.11	$165

Coding Instruction: In certain instances, CPT code 64722 for nerve decompression may be billed when a separate breast surgeon performing the mastectomy, decompresses the nerves in preparation for breast neurotization performed by the plastic surgeon during reconstruction. When nerve decompression (CPT code 64722) is performed by the plastic surgeon, CPT code 64722 is not separately billable, due to NCCI edits, bundling CPT code 64722 and 64910-64913.

CPT codes 64910 and 64912 are subject to NCCI edits and cannot be separately reported. Additionally, CPT codes 64912 and +64913 have an MUE (Medically Unlikely Edit) of three, allowing for each CPT code to be reported up to three times on a single date of service. This allows for multiple nerve sites to be treated on a single date of service. CPT code 64912 may be billed with a modifier -59 when an additional nerve is treated at a second site. CPT code +64913 should be reported for each additional strand cabled together and not a second nerve site.

CPT/HCPCS modifier options			
modifier	HCPCS code description	modifier	HCPCS code description
-22	Increased Procedural Service	-58	Staged or Related Procedure or Service by Same Physician or Other Qualified Healthcare Professional During the Postoperative Period
-51	Multiple Procedures	-59	Distinct Procedural Service

outpatient facility reimbursement

CPT code	APC description	APC	HOPD SI[D]	HOPD[4] 2025 payment	ASC SI[E]	ASC[5] 2025 payment
	nerve decompression					
64722	Decompression; Unspecified Nerve(s) (Specify)	5431	J1	$1,953	A2	$925
	nerve repair with nerve conduit					
64910	Level 2 Nerve Procedures	5432	J1	$6,404	J8	$4,431
	nerve repair with nerve allograft					
64912	Level 2 Nerve Procedures	5432	J1	$6,404	J8	$4,565
+64913[c]	Bundled into Primary C-APC Payment Rate	-	N	No Separate Payment	N1	No Separate Payment

supply codes

HCPCS level II coding			
nerve repair with nerve allograft options		nerve repair with nerve conduit options	
HCPCS code[6]	HCPCS code description	HCPCS code[6]	HCPCS code description
C9399	Unclassified Drugs or Biologicals	C9399	Unclassified Drugs or Biologicals
L8699	Prosthetic Implant, Not Otherwise Specified	L8699	Prosthetic Implant, Not Otherwise Specified
C1762	Connective Tissue, Human (Includes Fascia Lata)	C1763	Connective Tissue, Nonhuman (Includes Synthetic)
C1889	Implantable/Insertable Device for Device Intensive Procedure, Not Otherwise Classified	C1889	Implantable/Insertable Device for Device Intensive Procedure, Not Otherwise Classified

A. 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.

B. Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU. Information presented herein reflects the Facility Setting.

C. Report Add-on code +64913 with 64912. Do not report these codes with 69990 (includes operating microscope). Multiple procedure reduction guidelines may apply.

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, or V; S = Significant procedure, not discounted when multiple procedure performed; T = Procedure, discounted 50% when another procedure with a T status is billed; V = Clinic or Emergency Department Visit, paid under OPPS, separate APC payment.

E. 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%).

inpatient facility reimbursement

ICD-10-PCS hospital procedure codes	
ICD-10-PCS[7] code	procedure description
nerve decompression	
01N80ZZ	Release Thoracic Nerve, Open Approach
nerve repair with nerve conduit	
01U80JZ	Supplement Thoracic Nerve with Synthetic Substitute, Open Approach
01R80JZ	Replacement of Thoracic Nerve with Synthetic Substitute, Open Approach
nerve repair with nerve graft	
01U80KZ	Supplement Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
01R80KZ	Replacement of Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
01X80Z8	Transfer Thoracic Nerve to Thoracic Nerve, Open Approach

MS-DRG*	MS-DRG description	2025[8] payment
582	Mastectomy for Malignancy with CC/MCC	$12,463
583	Mastectomy for Malignancy without CC/MCC	$11,690
584	Breast Biopsy, Local Excision and Other Breast Procedures with CC/MCC	$14,571
585	Breast Biopsy, Local Excision and Other Breast Procedures without CC/MCC	$14,127

*DRG assignment is driven by principal diagnosis, secondary diagnoses, procedures, complications, and comorbidities. The DRGs listed above are based on primary surgical procedures of mastectomy and other surgical procedures of the breast.

references

1. 2025 ICD-10-CM, www.cms.gov
2. CPT 2025 Professional Edition, ©2024 American Medical Association (AMA); CPT is a trademark of the AMA
3. 2025 Medicare Physician Fee Schedule, www.cms.gov
4. 2025 Medicare Hospital Outpatient Prospective Payment System
5. 2025 Medicare ASC Payment Rates, www.cms.gov
6. 2025 HCPCS, www.cms.gov
7. 2025 ICD-10-PCS, www.cms.gov
8. 2025 IPPS Final Rule, Medicare DRG payment rates determined based on a hospital base rate of $7,117.02

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