

Physician Reimbursement

CPT ¹ Code	CPT Code Description	wRVU	RVUs ^A	2026 ² Payment
64910	Nerve Repair; with Synthetic Conduit or Vein Allograft (E.G., Nerve Tube), Each Nerve	10.26	20.88	\$697
64999	Unlisted Procedure, Nervous System	0.00	0.00	Carrier Determined

CPT/HCPCS Modifier Options	
Modifier ^B	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 ^C	HOPD ³ 2026 Payment	ASC-SI ^D	ASC ⁴ 2026 Payment
64910	Level 2 Nerve Procedures	5433	J1	\$8,966	J8	\$5,881
64999	Level 1 Nerve Injections	5441	T	\$314		-

HCPCS Level II Coding Options	
HCPCS ⁵ Code	HCPCS Code Description
C9399	Unclassified Drugs or Biologicals
L8699	Prosthetic Implant, Not Otherwise Specified
C1763	Connective Tissue, Nonhuman (Includes Synthetic)

Inpatient Facility Reimbursement

ICD-10-PCS Hospital Procedure Codes	
ICD-10-PCS ⁶ Code	Procedure Description
01U40JZ	Supplement Ulnar Nerve with Synthetic Substitute, Open Approach
01U50JZ	Supplement Median Nerve with Synthetic Substitute, Open Approach
01U60JZ	Supplement Radial Nerve with Synthetic Substitute, Open Approach
01UD0JZ	Supplement Femoral Nerve with Synthetic Substitute, Open Approach
01UF0JZ	Supplement Sciatic Nerve with Synthetic Substitute, Open Approach
01UG0JZ	Supplement Tibial Nerve with Synthetic Substitute, Open Approach
01UH0JZ	Supplement Peroneal Nerve with Synthetic Substitute, Open Approach
01U80JZ	Supplement Thoracic Nerve with Synthetic Substitute, Open Approach
00UK0JZ	Supplement Trigeminal Nerve with Synthetic Substitute, Open Approach
00UM0JZ	Supplement Facial Nerve with Synthetic Substitute, Open Approach
00UP0JZ	Supplement Glossopharyngeal Nerve with Synthetic Substitute, Open Approach
00US0JZ	Supplement Hypoglossal Nerve with Synthetic Substitute, Open Approach
00UR0JZ	Supplement Accessory Nerve with Synthetic 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. 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.
 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, 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 OPPI, separate APC payment.
 D. ASC Status Key: J8: Device-intensive procedure and subject to the multiple procedure discount (50%)

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ICD-10-PCS Hospital Procedure Codes	
ICD-10-PCS ⁶ Code	Procedure Description
01R40JZ	Replacement, Ulnar Nerve with Synthetic Substitute, Open Approach
01R50JZ	Replacement, Median Nerve with Synthetic Substitute, Open Approach
01R60JZ	Replacement, Radial Nerve with Synthetic Substitute, Open Approach
01RD0JZ	Replacement, Femoral Nerve with Synthetic Substitute, Open Approach
01RF0JZ	Replacement, Sciatic Nerve with Synthetic Substitute, Open Approach
01RG0JZ	Replacement, Tibial Nerve with Synthetic Substitute, Open Approach
01RH0JZ	Replacement, Peroneal Nerve with Synthetic Substitute, Open Approach
01R80JZ	Replacement, Thoracic Nerve with Synthetic Substitute, Open Approach
00RK0JZ	Replacement, Trigeminal Nerve with Synthetic Substitute, Open Approach
00RM0JZ	Replacement, Facial Nerve with Synthetic Substitute, Open Approach
00RP0JZ	Replacement, Glossopharyngeal Nerve with Synthetic Substitute, Open Approach
00RS0JZ	Replacement, Hypoglossal Nerve with Synthetic Substitute, Open Approach
00RR0JZ	Replacement, Accessory Nerve with Synthetic Substitute, Open Approach

ICD-10-CM Diagnosis Codes	
ICD-10-CM ⁷ Code ^E	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
S64.40XA	Injury of Digital Nerve of Unspecified Finger, Initial Encounter
S64.490A	Injury of Digital Nerve of Right Index Finger, Initial Encounter
S64.491A	Injury of Digital Nerve of Left Index Finger, Initial Encounter
S64.492A	Injury of Digital Nerve of Right Middle Finger, Initial Encounter
S64.493A	Injury of Digital Nerve of Left Middle Finger, Initial Encounter
S64.494A	Injury of Digital Nerve of Right Ring Finger, Initial Encounter
S64.495A	Injury of Digital Nerve of Left Ring Finger, Initial Encounter
S64.496A	Injury of Digital Nerve of Right Little Finger, Initial Encounter
S64.497A	Injury of Digital Nerve of Left Little Finger, Initial Encounter
S64.498A	Injury of Digital Nerve of Other Finger, 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

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 ^E	Diagnosis Description
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
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	2026 ⁸ Payment
040	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$28,097
041	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC Or Peripheral Neurostimulator	\$15,999
042	Peripheral/Cranial Nerve and Other Nervous System Procedures without CC/MCC	\$12,572

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

References:

1. CPT 2026 Professional Edition, ©2025 American Medical Association (AMA); CPT is a trademark of the AMA.
2. 2026 Medicare Physician Fee Schedule, www.cms.gov. Payments shown are national estimates based on publicly available CMS data and may not reflect actual payment for a specific provider, facility, payer contract, or patient encounter.
3. 2026 Medicare Hospital Outpatient Prospective Payment System, www.cms.gov. Payments shown are national estimates based on publicly available CMS data and may not reflect actual payment for a specific provider, facility, payer contract, or patient encounter.
4. 2026 Medicare ASC Payment Rates, www.cms.gov
5. 2026 HCPCS, www.cms.gov
6. 2026 ICD-10-PCS, www.cms.gov
7. 2026 ICD-10-CM, www.cms.gov
8. 2026 IPPS Final Rule, Medicare DRG payment rates determined based on a hospital base rate of \$7,276.76. Payments shown are national estimates and may vary based on hospital-specific factors.

Disclaimer: The information is for educational purposes only and should not be construed as authoritative. The information is current as of January 2026 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. Estimated national averages; actual reimbursement varies by region and payer. Coding and payment do not guarantee coverage or clinical appropriateness.

Axoguard Nerve Connector Regulatory Classifications: Class II Medical Devices - 510(k) cleared, CE Marked

Indications for Use: Axoguard Nerve Connector is intended for the repair of peripheral nerve discontinuities where gap closure can be achieved by flexion of the extremity.

Contraindications: This device is derived from a porcine source and should not be used for patients with known sensitivity to porcine material. Potential Complications:

Possible complications can occur with any nerve repair surgical procedure including pain, infection, decreased or increased nerve sensitivity, and complications associated with use of anesthesia. See IFU for full details.

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