oral maxillofacial / head & neck physician & facility coding & billing guide

2026 Medicare National Average Payments

AVANCE® (acellular nerve allograft-arwx) is indicated for the repair of peripheral nerve discontinuities as described in the current Prescribing Information. Use of Avance should be consistent with its approved indication and labeling. See Important Safety Information on page 4.

This guide is provided for educational purposes to assist healthcare professionals and administrative staff in understanding potential coding and billing considerations when a peripheral nerve discontinuity repair is performed. Coding decisions must be based on the services documented in the medical record and payer-specific requirements.

Physician Reimbursement

CPT[1] Code	CPT Code Description	wRVUs	RVUs[A]	2026[2] Payment
	Nerve Decompression			
64722	Decompression; Unspecified Nerve(s) (Specify)	4.70	11.17	$373
	Nerve Repair with Nerve Conduit			
64910	Nerve Repair; with Synthetic Conduit or Vein Allograft (e.g. Nerve Tube), Each Nerve	10.26	20.88	$697
	Nerve Repair with Nerve Allograft			
64912	Nerve Repair; with Nerve Allograft, Each Nerve, First Strand (Cable)	11.70	24.52	$819
+64913[B]	Nerve Repair; with Nerve Allograft, Each Additional Strand (List Separately in Addition to Code for Primary Procedure)	2.93	4.39	$147
	Maxillofacial Repair & Reconstruction Coding Options			
21244	Reconstruction of Mandible, Extraoral, with Transosteal Bone Plate (e.g. Mandibular Staple Bone Plate)	13.28	26.87	$898
21246	Reconstruction of Mandible or Maxilla, Subperiosteal Implant; Complete	12.60	22.99	$768
21247	Reconstruction of Mandibular Condyle with Bone and Cartilage Autografts (Includes Obtaining Grafts) (e.g. for Hemifacial Microsomia)	23.76	42.47	$1,419
21193	Reconstruction of Mandibular Rami, Horizontal, Vertical, C, or L Osteotomy; without Bone Graft	18.43	33.19	$1,109
21194	Reconstruction of Mandibular Rami, Horizontal, Vertical, C, or L Osteotomy; with Bone Graft (Includes Obtaining Graft)	21.27	38.30	$1,279
21195	Reconstruction of Mandibular Rami and/or Body, Sagittal Split; without Internal Rigid Fixation	18.68	36.45	$1,217
21196	Reconstruction of Mandibular Rami and/or Body, Sagittal Split; with Internal Rigid Fixation	20.31	38.82	$1,297
21045	Excision of Malignant Tumor of Mandible; Radical Resection	17.91	31.77	$1,161
21046	Excision of Benign Tumor or Cyst of Mandible; Requiring Intra-Oral Osteotomy (e.g. Locally Aggressive or Destructive Lesion(s)	13.85	26.93	$899
21047	Excision of Benign Tumor or Cyst of Mandible; Requiring Extra-Oral Osteotomy and Partial Mandibulectomy (e.g. Locally Aggressive or Destructive Lesion(s)	19.57	32.23	$1,076
21048	Excision of Benign Tumor or Cyst of Maxilla; Requiring Intra-Oral Osteotomy (e.g. Locally Aggressive Or Destructive Lesion(s)	14.34	27.15	$907
21049	Excision of Benign Tumor or Cyst of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (e.g. Locally Aggressive or Destructive Lesion(s)	18.84	30.56	$1,021
21454	Open Treatment of Mandibular Fracture with External Fixation	7.18	13.49	$451
21465	Open Treatment of Mandibular Condylar Fracture	12.79	21.67	$724
21470	Open Treatment of Complicated Mandibular Fracture by Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, and/or Wiring of Dentures or Splints	17.10	31.12	$1,039
21422	Open Treatment of Palatal or Maxillary Fracture (Lefort I Type)	8.51	17.67	$590
21423	Open Treatment of Palatal or Maxillary Fracture (Lefort I Type); Complicated (Comminuted or Involving Cranial Nerve Foramina), Multiple Approaches	10.58	21.61	$722
21299	Unlisted Craniofacial and Maxillofacial Procedure	0.00	0.00	Carrier Determined

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

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 in accordance with CPT coding guidelines. 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.

Outpatient Facility Reimbursement

CPT Code	HOPD APC Description	APC	HOPD SI[D]	HOPD[3] 2026 Payment	ASC SI[E]	ASC[4] 2026 Payment
Nerve Decompression						
64722	Level 1 Nerve Procedures	5431	J1	$1,995	A2	$949
Nerve Repair with Nerve Conduit						
64910	Level 2 Nerve Procedures	5433	J1	$8,966	J8	$5,881
Nerve Repair with Nerve Allograft						
64912	Level 2 Nerve Procedures	5433	J1	$8,966	J8	$6,158
+64913	Bundled into Primary C-APC Payment	-	N	No separate payment	N1	No separate payment
Maxillofacial Repair & Reconstruction Coding Options						
21244	Level 5 ENT Procedures	5165	J1	$6,048	J8	$4,139
21246	Level 5 ENT Procedures	5165	J1	$6,048	J8	$5,001
21247	Level 5 ENT Procedures	5165	J1	$6,048	G2	$3,026
21193	Level 5 ENT Procedures	5165	J1	$6,048	G2	$3,026
21194	Level 5 ENT Procedures	5165	J1	$6,048	J8	$3,833
21195	Level 5 ENT Procedures	5165	J1	$6,048	J8	$4,053
21045	Level 5 ENT Procedures	5165	J1	$6,048	G2	$3,026
21046	Level 5 ENT Procedures	5165	J1	$6,048	A2	$3,026
21047	Level 5 ENT Procedures	5165	J1	$6,048	A2	$3,026
21048	Level 5 ENT Procedures	5165	J1	$6,048	R2	$3,026
21049	Level 5 ENT Procedures	5165	J1	$6,048	G2	$3,026
21454	Level 5 ENT Procedures	5165	J1	$6,048	A2	$3,026
21465	Level 5 ENT Procedures	5165	J1	$6,048	J8	$3,833
21470	Level 5 ENT Procedures	5165	J1	$6,048	J8	$3,914
21422	Level 5 ENT Procedures	5165	J1	$6,048	J8	$3,926
21423	Level 5 ENT Procedures	5165	J1	$6,048	J8	$4,840
21299	Level 1 ENT Procedures	5161	T	$242	-	Not covered

HCPCS Level II Coding Options	
HCPCS[5] Code	HCPCS Code Description
C9399	Unclassified Drugs or Biologicals (HCPCS descriptor; use dependent on payer policy; coding does not describe FDA regulatory classification)
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
Nerve Repair Coding Options	
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
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
00RK0KZ	Replacement of Trigeminal Nerve with Nonautologous Tissue Substitute, Open Approach
00RM0KZ	Replacement of Facial Nerve with Nonautologous Tissue Substitute, Open Approach
00RP0KZ	Replacement of Glossopharyngeal Nerve with Nonautologous Tissue Substitute, Open Approach
00RS0KZ	Replacement of Hypoglossal Nerve with Nonautologous Tissue Substitute, Open Approach
00RR0KZ	Replacement of Accessory Nerve with Nonautologous Tissue Substitute, Open Approach
00RK0JZ	Replacement of Trigeminal Nerve with Synthetic Substitute, Open Approach

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; V = Clinic or Emergency Department Visit, paid under OPPS, separate APC payment.

E. ASC Status Key: A2, G2, & R2: 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[6] Code	Procedure Description
Nerve Repair Coding Options	
00RM0JZ	Replacement of Facial Nerve with Synthetic Substitute, Open Approach
00RP0JZ	Replacement of Glossopharyngeal Nerve with Synthetic Substitute, Open Approach
00RS0JZ	Replacement of Hypoglossal Nerve with Synthetic Substitute, Open Approach
00RR0JZ	Replacement of Accessory Nerve with Synthetic Substitute, Open Approach
Maxillofacial Repair & Reconstruction Coding Options	
0NBT0ZZ	Excision of Right Mandible, Open Approach
0NBV0ZZ	Excision of Left Mandible, Open Approach
0NRT07Z	Replacement of Right Mandible with Autologous Tissue Substitute, Open Approach
0NRV07Z	Replacement of Left Mandible with Autologous Tissue Substitute, Open Approach
0NQT0ZZ	Repair Right Mandible, Open Approach
0NQV0ZZ	Repair Left Mandible, Open Approach
0NRT0JZ	Replacement of Right Mandible with Synthetic Substitute, Open Approach
0NRV0JZ	Replacement of Left Mandible with Synthetic Substitute, Open Approach
0NTT0ZZ	Resection of Right Mandible, Open Approach
0NTV0ZZ	Resection of Left Mandible, Open Approach
0NDT0ZZ	Extraction of Right Mandible, Open Approach
0NDV0ZZ	Extraction of Left Mandible, Open Approach
0NQTXZZ	Repair Right Mandible, External Approach
0NQVXZZ	Repair Left Mandible, External Approach
0NRT0KZ	Replacement of Right Mandible with Nonautologous Tissue Substitute, Open Approach
0NRV0KZ	Replacement of Left Mandible with Nonautologous Tissue Substitute, Open Approach
0N5T0ZZ	Destruction of Right Mandible, Open Approach
0N5V0ZZ	Destruction of Left Mandible, Open Approach
0NTT0ZZ	Resection of Right Mandible, Open Approach
0NTV0ZZ	Resection of Left Mandible, Open Approach
0NQT0ZZ	Repair Right Mandible, Open Approach
0NQV0ZZ	Repair Left Mandible, Open Approach

ICD-10-CM Diagnosis Codes. *Diagnosis codes are provided as examples commonly associated with the procedures listed and do not imply clinical appropriateness, coverage, or on-label use of Avance for any specific diagnosis.	
ICD-10-CM[7] Code[F]	Diagnosis Description
Nerve Deficit Coding Options	
R20.0	Anesthesia of skin (Numbness)
R20.1	Hypoesthesia of Skin
Nerve Repair Coding Options	
S04.31XA	Injury of Trigeminal Nerve, Right Side, Initial Encounter
S04.32XA	Injury of Trigeminal Nerve, Left Side, Initial Encounter
S04.51XA	Injury of Facial Nerve, Right Side, Initial Encounter
S04.52XA	Injury of Facial Nerve, Left Side, Initial Encounter
S04.71XA	Injury of Accessory Nerve, Right Side, Initial Encounter
S04.72XA	Injury of Accessory 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
Maxillofacial Repair & Reconstruction Coding Options	
C41.1	Malignant Neoplasm of Mandible
C79.51	Secondary Malignant Neoplasm of Bone
D16.5	Benign Neoplasm of Lower Jaw Bone
D48.0	Neoplasm of Uncertain Behavior of Bone and Articular Cartilage
D49.2	Neoplasm of Unspecified Behavior of Bone, Soft Tissue, and Skin
M27.2	Inflammatory Conditions of Jaws
M87	Osteonecrosis

D. 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.

Inpatient Facility Reimbursement

ICD-10-CM Diagnosis Codes. *Diagnosis codes are provided as examples commonly associated with the procedures listed and do not imply clinical appropriateness, coverage, or on-label use of Avance for any specific diagnosis.	
ICD-10-CM[7] Code[F]	Diagnosis Description
Maxillofacial Repair & Reconstruction Coding Options	
S02.600B	Fracture of Unspecified Part of Body of Mandible, Unspecified Side, Initial Encounter for Open Fracture
S02.601B	Fracture of Unspecified Part of Body of Right Mandible, Initial Encounter for Open Fracture
S02.602B	Fracture of Unspecified Part of Body of Left Mandible, Initial Encounter for Open Fracture
S02.609B	Fracture of Mandible, Unspecified, Initial Encounter for Open Fracture

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 Procedure without CC/MCC	$12,572
140	Major Head and Neck Procedures with MCC	$31,038
141	Major Head and Neck Procedures with CC	$15,871
142	Major Head and Neck Procedures without CC/MCC	$11,617
143	Other Ear, Nose, Mouth, and Throat O.R. Procedure with MCC	$27,263
144	Other Ear, Nose, Mouth, and Throat O.R. Procedure with CC	$12,610
145	Other Ear, Nose, Mouth, and Throat O.R. Procedure without CC/MCC	$8,749

F. ICD-10-CM Injury Codes – The 7th character changes with encounter level. B - initial encounter for open fracture. Only the initial encounter code for an open fracture 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.

Important Safety Information

Warnings and Precautions

- Procedural Complications: Monitor for procedural complications, including pain, hyperesthesia, infection, implant site swelling, adhesions, hypertrophic scar formation, impaired motor or sensory function, bleeding, and neuroma formation, and manage accordingly.
- Transmission of Infectious Diseases: Because AVANCE is made from human donor tissue, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and theoretically, the Creutzfeldt-Jakob disease (CJD) agent. All infections thought to be transmitted by AVANCE should be reported to Axogen Corporation at 1-888-296-4361.

Adverse Reactions

The most common adverse reactions (≥2%) were procedural pain (4%) and hyperesthesia (3%). A serious adverse reaction (wound dehiscence) occurred in 1 patient.

Indications

AVANCE® is an acellular nerve scaffold indicated for the treatment of adult and pediatric patients aged one month and older with:

- Sensory nerve discontinuity (≤25 mm).
- Sensory nerve discontinuity (>25 mm); Approved under accelerated approval based on static two-point discrimination (s2PD) at 12 months in sensory nerve gaps ≤25 mm, which reasonably predicts clinical benefit. Continued approval may be contingent upon confirmatory clinical trial results.
- Mixed and motor nerve discontinuity; Approved under accelerated approval based on s2PD outcomes in sensory nerves; continued approval may be contingent upon confirmatory clinical trial results.

For more information, please see the Full Prescribing Information for Avance.

Scan for Full Prescribing Information.

Disclaimer: The information is for promotional 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.

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