



physician & facility coding & billing neuroplasty and tendon repair guide 2024 Medicare National Average Payments

Physician Reimbursement^A

CPT ³ Code	CPT Code Description	RVUs ^B	2024 ² Payment
Neuroplasty Coding Examples			
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	10.87	\$362
64702	Neuroplasty; digital, 1 or both, same digit	15.67	\$522
64704	Neuroplasty, nerve of hand or foot	9.84	\$328
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	15.47	\$515
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	18.06	\$601
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	18.41	\$613
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	13.37	\$445
64722	Decompression: unspecified nerve(s) (specify)	11.30	\$376
64726	Decompression, plantar digital nerve	8.13	\$271
Tendon Repair Coding Examples			
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	19.40	\$646
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	22.96	\$764
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	15.16	\$505
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	20.27	\$675
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (e.g. for extensor carpi ulnaris subluxation)	20.51	\$683
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	12.80	\$426
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	15.44	\$514
28220	Tenolysis, flexor, foot; single tendon	9.26	\$308
28222	Tenolysis, flexor, foot; multiple tendons	11.22	\$374
28225	Tenolysis, extensor, foot; single tendon	8.04	\$268
28226	Tenolysis, extensor, foot; multiple tendons	12.22	\$407
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	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. The codes in this Guide are representative of common neuroplasty and tendon repair procedures. Other neuroplasty and tendon repair procedures and applicable codes may apply. This Guide is not intended to be a complete listing of available coding options.

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

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^D

CPT Code	APC Description	APC	HOPD SIF ^E	HOPD ³ 2024 Payment	ASC SIF ^F	ASC ⁴ 2024 Payment
Neuroplasty Coding Examples						
28035	Level 1 Nerve Procedures	5431	J1	\$1,842	A2	\$898
64702	Level 1 Nerve Procedures	5431	J1	\$1,842	A2	\$898
64704	Level 1 Nerve Procedures	5431	J1	\$1,842	A2	\$898
64708	Level 1 Nerve Procedures	5431	J1	\$1,842	G2	\$898
64712	Level 1 Nerve Procedures	5431	J1	\$1,842	G2	\$898
64718	Level 1 Nerve Procedures	5431	J1	\$1,842	A2	\$898
64721	Level 1 Nerve Procedures	5431	J1	\$1,842	A2	\$898
64722	Level 1 Nerve Procedures	5431	J1	\$1,842	A2	\$898
64726	Level 1 Nerve Procedures	5431	J1	\$1,842	A2	\$898
Tendon Repair Coding Examples						
25260	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
25265	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
25270	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
25274	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
25275	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
27680	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
27681	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
28220	Level 2 Musculoskeletal Procedures	5112	J1	\$1,533	P3	\$276
28222	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
28225	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
28226	Level 3 Musculoskeletal Procedures	5113	J1	\$3,087	A2	\$1,519
17999	Level 1 Skin Procedures	5051	Q1	\$191		Not covered

HCPCS Level II Coding Options	
HCPCS ⁵ Code	HCPCS Code Description
C9399	Unclassified Drugs or Biologicals
L8699	Prosthetic Implant, Not Otherwise Specified
C1762	Connective Tissue, Human (Includes Fascia Lata)
C1765	Adhesion Barrier

Outpatient Facility Payment – Hospital Outpatient Complexity Adjustment Payment

CMS has deemed that when certain combinations of CPT codes are billed together for a Hospital Outpatient admission that a complexity adjustment would be made to the payment, where the payable Hospital Outpatient Department APC would be reclassified to a higher paying Ambulatory Payment Classification (APC). The following table contains the combination of primary and secondary CPT codes and the resulting APC code assignment with the corresponding Medicare national average payment.

Primary CPT Code	Primary Descriptor	Primary APC Assignment	Secondary CPT Code	Secondary Descriptor	Secondary APC Assignment	Complexity Adjusted APC Assignment ³	Complexity Adjusted APC Payment Rate ³
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	5113	64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	5431	5114	\$6,823.42
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	5431	64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	5431	5432	\$6,353.57
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	5431	64718	Neuroplasty and/or transposition; ulnar nerve at elbow	5431	5432	\$6,353.57
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	5431	64718	Neuroplasty and/or transposition; ulnar nerve at elbow	5431	5432	\$6,353.57
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	5431	64719	Neuroplasty and/or transposition; ulnar nerve at wrist	5431	5432	\$6,353.57

D. The codes in this Guide are representative of common neuroplasty and tendon repair procedures. Other neuroplasty and tendon repair procedures and applicable codes may apply.

This Guide is not intended to be a complete listing of available coding options.

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

F. The CPT codes in this Guide are unilateral procedures. If performed bilaterally, some payors require that the service be reported twice with modifier 50.

Inpatient Facility Reimbursement

ICD-10-PCS Hospital Procedure Codes ⁶	
ICD-10-PCS ⁶ Code	Procedure Description
Neuroplasty Coding Example	
01N50ZZ	Release Median Nerve, Open Approach
01N40ZZ	Release Ulnar Nerve, Open Approach
01N60ZZ	Release Radial Nerve, Open Approach
01ND0ZZ	Release Femoral Nerve, Open Approach
01NF0ZZ	Release Sciatic Nerve, Open Approach
01NG0ZZ	Release Tibial Nerve, Open Approach
01NH0ZZ	Release Peroneal Nerve, Open Approach
01S40ZZ	Reposition Ulnar Nerve, Open Approach
01S50ZZ	Reposition Median Nerve, Open Approach
01U40KZ	Supplement Ulnar Nerve with Nonautologous Tissue Substitute, Open Approach
01U50KZ	Supplement Median Nerve with Nonautologous Tissue Substitute, Open Approach
Tendon Repair Coding Example	
0LNN0ZZ	Release Right Lower Leg Tendon, Open Approach
0LNP0ZZ	Release Left Lower Leg Tendon, Open Approach
0LNS0ZZ	Release Right Ankle Tendon, Open Approach
0LNT0ZZ	Release Left Ankle Tendon, Open Approach
0LQ50ZZ	Repair Right Lower Arm and Wrist Tendon, Open Approach
0LQ60ZZ	Repair Left Lower Arm and Wrist Tendon, Open Approach
0LU50KZ	Supplement Right Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Open Approach
0LU60KZ	Supplement Left Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Open Approach
0LU70KZ	Supplement Right Hand Tendon with Nonautologous Tissue Substitute, Open Approach
0LU80KZ	Supplement Left Hand Tendon with Nonautologous Tissue Substitute, Open Approach

ICD-10-CM Diagnosis Codes ⁶	
ICD-10-CM ⁷ Code ^H	Diagnosis Description
Neuroplasty Coding Example	
G56.01	Carpal Tunnel Syndrome, Right Upper Limb
G56.02	Carpal Tunnel Syndrome, Left Upper Limb
G56.03	Carpal Tunnel Syndrome, Bilateral Upper Limbs
G56.11	Other Lesions of Median Nerve, Right Upper Limb
G56.12	Other Lesions of Median Nerve, Left Upper Limb
G56.13	Other Lesions of Median Nerve, Bilateral Upper Limbs
G56.21	Lesion of Ulnar Nerve, Right Upper Limb
G56.22	Lesion of Ulnar Nerve, Left Upper Limb
G56.23	Lesion of Ulnar Nerve, Bilateral Upper Limbs
G56.31	Lesion of Radial Nerve, Right Upper Limb
G56.32	Lesion of Radial Nerve, Left Upper Limb
G56.33	Lesion of Radial Nerve, Bilateral Upper Limbs
G57.00	Lesion of sciatic nerve, unspecified lower limb
G57.01	Lesion of sciatic nerve, right lower limb
G57.02	Lesion of sciatic nerve, left lower limb
G57.03	Lesion of sciatic nerve, bilateral lower limbs
G57.50	Tarsal tunnel syndrome, unspecified lower limb
G57.51	Tarsal tunnel syndrome, right lower limb
G57.52	Tarsal tunnel syndrome, left lower limb

G. The codes in this Guide are representative of common neuroplasty and tendon repair procedures. Other neuroplasty and tendon repair procedures and applicable codes may apply. This Guide is not intended to be a complete listing of available coding options.

H. 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 ^H	Diagnosis Description
Neuroplasty Coding Example	
G57.53	Tarsal tunnel syndrome, bilateral lower limbs
G57.60	Lesion of plantar nerve, unspecified lower limb
G57.61	Lesion of plantar nerve, right lower limb
G57.62	Lesion of plantar nerve, left lower limb
G57.63	Lesion of plantar nerve, bilateral lower limbs
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
S56.109A	Unspecified Injury of Flexor Muscle, Fascia and Tendon of Unspecified Finger at Forearm Level, Initial Encounter
S56.409A	Unspecified Injury of Extensor Muscle, Fascia and Tendon of Unspecified Finger at Forearm Level, 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
S74.00XA	Injury of sciatic nerve at hip and thigh level, unspecified leg, initial encounter
S74.01XA	Injury of sciatic nerve at hip and thigh level, right leg, initial encounter
S74.02XA	Injury of sciatic nerve at hip and thigh level, left leg, initial encounter
S74.10XA	Injury of femoral nerve at hip and thigh level, unspecified leg, 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
S74.8X9A	Injury of other nerves at hip and thigh level, unspecified leg, initial encounter
S74.90XA	Injury of unspecified nerve at hip and thigh level, unspecified leg, initial encounter
S74.91XA	Injury of unspecified nerve at hip and thigh level, right leg, initial encounter
S74.92XA	Injury of unspecified nerve at hip and thigh level, left leg, initial encounter
S84.00XA	Injury of tibial nerve at lower leg level, unspecified 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
S84.10XA	Injury of peroneal nerve at lower leg level, unspecified 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
S84.20XA	Injury of cutaneous sensory nerve at lower leg level, unspecified leg, initial encounter
S84.21XA	Injury of cutaneous sensory nerve at lower leg level, right leg, initial encounter
S84.22XA	Injury of cutaneous sensory nerve at lower leg level, left leg, initial encounter
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
S84.809A	Injury of other nerves at lower leg level, unspecified leg, initial encounter
S84.90XA	Injury of unspecified nerve at lower leg level, unspecified 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
S94.00XA	Injury of lateral plantar nerve, unspecified leg, initial encounter
S94.01XA	Injury of lateral plantar nerve, right leg, initial encounter
S94.02XA	Injury of lateral plantar nerve, left leg, initial encounter
S94.10XA	Injury of medial plantar nerve, unspecified leg, initial encounter
S94.11XA	Injury of medial plantar nerve, right leg, initial encounter

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Inpatient Facility Reimbursement

ICD-10-CM Diagnosis Codes	
ICD-10-CM ⁷ Code ^H	Diagnosis Description
Neuroplasty Coding Example	
S94.12XA	Injury of medial plantar nerve, left leg, initial encounter
S94.20XA	Injury of deep peroneal nerve at ankle and foot level, unspecified leg, initial encounter
S94.21XA	Injury of deep peroneal nerve at ankle and foot level, right leg, initial encounter
S94.22XA	Injury of deep peroneal nerve at ankle and foot level, left leg, initial encounter
S94.30XA	Injury of cutaneous sensory nerve at ankle and foot level, unspecified leg, initial encounter
S94.31XA	Injury of cutaneous sensory nerve at ankle and foot level, right leg, initial encounter
S94.32XA	Injury of cutaneous sensory nerve at ankle and foot level, left leg, initial encounter
S94.8X1A	Injury of other nerves at ankle and foot level, right leg, initial encounter
S94.8X2A	Injury of other nerves at ankle and foot level, left leg, initial encounter
S94.8X9A	Injury of other nerves at ankle and foot level, unspecified leg, initial encounter
S94.90XA	Injury of unspecified nerve at ankle and foot level, unspecified leg, initial encounter
S94.91XA	Injury of unspecified nerve at ankle and foot level, right leg, initial encounter
S94.92XA	Injury of unspecified nerve at ankle and foot level, left leg, initial encounter
Tendon Repair Coding Example	
M76.60	Achilles tendinitis, unspecified leg
M76.61	Achilles tendinitis, right leg
M76.62	Achilles tendinitis, left leg
M76.811	Anterior tibial syndrome, right leg
M76.812	Anterior tibial syndrome, left leg
M76.819	Anterior tibial syndrome, unspecified leg
M76.821	Posterior tibial tendinitis, right leg
M76.822	Posterior tibial tendinitis, left leg
M76.829	Posterior tibial tendinitis, unspecified leg
S86.001D	Unspecified injury of right Achilles tendon, subsequent encounter
S86.002D	Unspecified injury of left Achilles tendon, subsequent encounter
S86.009D	Unspecified injury of unspecified Achilles tendon, subsequent encounter
S86.091D	Other specified injury of right Achilles tendon, subsequent encounter
S86.092D	Other specified injury of left Achilles tendon, subsequent encounter
S86.099D	Other specified injury of unspecified Achilles tendon, subsequent encounter
S86.101D	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter
S86.102D	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, subsequent encounter
S86.109D	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, subsequent encounter
S86.191D	Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter

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Inpatient Facility Reimbursement

MS-DRG	MS-DRG Description	2024 ⁸ Payment
040	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$26,960
041	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$15,618
042	Peripheral/Cranial Nerve and Other Nervous System Procedure without CC/MCC	\$12,181
500	Soft Tissue Procedures with MCC	\$22,705
501	Soft Tissue Procedures with CC	\$12,153
502	Soft Tissue Procedures without CC/MCC	\$9,681

References:

1. CPT 2024 Professional Edition, ©2023 American Medical Association (AMA); CPT is a trademark of the AMA.
2. 2024 Medicare Physician Fee Schedule, www.cms.gov
3. 2024 Medicare Hospital Outpatient Prospective Payment System, www.cms.gov
4. 2024 Medicare ASC Payment Rates, www.cms.gov
5. 2024 HCPCS, www.cms.gov
6. 2024 ICD-10-PCS, www.cms.gov
7. 2024 ICD-10-CM, www.cms.gov
8. 2024 IPPS Final Rule, Medicare DRG payment rates determined based on a hospital base rate of \$7,001.60DRG 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 2024 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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