



# physician & facility coding & billing neuroma & post amputation pain guide 2023 Medicare National Average Payments

## Physician Reimbursement

CPT <sup>1</sup> Code*	CPT Code Descriptors	RVUs <sup>A</sup>	2023 Payment <sup>2</sup>
Nerve Procedure Coding Options			
64999 Or -22 modifier	Unlisted procedure, nervous system or Append -22 modifier (increased procedural services) to the CPT code used to describe the surgical amputation or excision of neuroma	n/a	Contractor Determined
Note: provider will need to submit an operative report or special note detailing the procedure to apply the Nerve Cap. Payers will determine payment amount based on the information the physician submits.			
Amputation Coding Examples			
23900	Interthoracoscapular amputation (forequarter)	41.43	\$1,404
23920	Disarticulation of shoulder	33.66	\$1,141
23921	Disarticulation of shoulder; secondary closure or scar revision	14.27	\$484
24900	Amputation, arm through humerus; with primary closure	22.20	\$752
24920	Amputation, arm through humerus; open, circular (guillotine)	22.11	\$749
24925	Amputation, arm through humerus; secondary closure or scar revision	17.25	\$585
24930	Amputation, arm through humerus; re-amputation	23.29	\$789
24931	Amputation, arm through humerus; with implant	27.96	\$947
25900	Amputation, forearm, through radius and ulna;	21.61	\$732
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	21.18	\$718
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	18.59	\$630
25909	Amputation, forearm, through radius and ulna; re-amputation	20.71	\$702
25915	Krukenberg procedure	34.95	\$1,184
25920	Disarticulation through wrist;	22.09	\$749
25922	Disarticulation through wrist; secondary closure or scar revision	19.59	\$664
25924	Disarticulation through wrist; re-amputation	21.58	\$731
25927	Transmetacarpal amputation;	26.21	\$888
25929	Transmetacarpal amputation; secondary closure or scar revision	18.12	\$614
25931	Transmetacarpal amputation; re-amputation	24.26	\$822
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	23.20	\$786
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	21.33	\$723
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	20.84	\$706
27290	Interpelviabdominal amputation (hindquarter amputation)	48.54	\$1,645
27295	Disarticulation of hip	37.61	\$1,275
27590	Amputation, thigh, through femur, any level;	23.32	\$790
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	28.96	\$981
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	19.96	\$676
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	15.04	\$510
27596	Amputation, thigh, through femur, any level; re-amputation	21.29	\$721
27598	Disarticulation at knee	20.75	\$703
27880	Amputation, leg, through tibia and fibula;	26.76	\$907
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	25.42	\$861
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	17.59	\$596
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	17.26	\$585
27886	Amputation, leg, through tibia and fibula; re-amputation	19.33	\$655

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

## Physician Reimbursement

CPT <sup>1</sup> Code	CPT Code Descriptors	RVUs <sup>A</sup>	2023 Payment <sup>2</sup>
<b>Amputation Coding Examples</b>			
27888	Amputation, ankle, through malleoli of tibia and fibula (e.g. Syme, Pirogoff type procedures), with plastic closure and resection of nerves	19.16	\$649
27889	Ankle disarticulation	18.91	\$641
28800	Amputation, foot; midtarsal (e.g. Chopart type procedure)	15.72	\$533
28805	Amputation, foot; transmetatarsal	21.02	\$712
28810	Amputation, metatarsal, with toe, single	12.59	\$427
28820	Amputation, toe; metatarsophalangeal joint	5.28	\$179
28825	Amputation, toe; interphalangeal joint	5.11	\$173
<b>Excision of Neuroma Coding Examples</b>			
28080	Excision, interdigital (Morton) neuroma, single, each	11.28	\$382
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	12.84	\$435
64776	Excision of neuroma; digital nerve, 1 or both, same digit	11.97	\$406
+64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	5.36	\$182
64782	Excision of neuroma; hand or foot, except digital nerve	13.64	\$462
+64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	6.38	\$216
64784	Excision of neuroma; major peripheral nerve, except sciatic	21.76	\$737
64786	Excision of neuroma; sciatic nerve	30.08	\$1,019
+64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	6.99	\$237
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	12.18	\$413
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	25.45	\$862
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	31.91	\$1,081
Flap procedure CPT code options are not provided herein as multiple codes may be appropriate to describe the complete procedure. Review the operative note carefully to ensure all coding options are considered and then selected.*			

<b>CPT/HCPCS Modifier Options*</b>	
Modifier	Description
-22	Increased Procedural Service
-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 – only CPT codes payable in an outpatient setting are listed below.

CPT <sup>1</sup> Code	APC Description	HOPD APC	HOPD SI <sup>B</sup>	HOPD <sup>3</sup> 2023 Payment	ASC SI <sup>C</sup>	ASC <sup>4</sup> 2023 Payment
<b>Nerve Procedure Coding Options</b>						
64999	Level 1 Nerve Injections	5441	T	\$272		Not Covered by Medicare in the ASC
<b>Amputation Coding Examples</b>						
23921	Level 4 Skin Procedures	5054	T	\$1,726	A2	\$899
24925	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
25907	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
25909	Level 4 Musculoskeletal Procedures	5114	J1	\$6,615		Not Covered by Medicare in the ASC

- A. Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU. Information presented herein reflects the Facility Setting.
- B. 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.
- C. ASC Status Key: A2, & G2: Payment based on OPSS relative payment rate and subject to the multiple procedure discount (50%);

Outpatient Facility Reimbursement – only CPT codes payable in an outpatient setting are listed below.

CPT <sup>1</sup> Code	APC Description	HOPD APC	HOPD SI <sup>B</sup>	HOPD <sup>3</sup> 2023 Payment	ASC SI <sup>C</sup>	ASC <sup>4</sup> 2023 Payment
Amputation Coding Examples						
25922	Level 2 Musculoskeletal Procedures	5112	J1	\$1,435	A2	\$749
25929	Level 4 Skin Procedures	5054	T	\$1,726	A2	\$899
25931	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	G2	\$1,415
26910	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
26951	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
26952	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
27594	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
27884	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
28805	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977		Not Covered by Medicare in the ASC
28810	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
28820	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
28825	Level 3 Musculoskeletal Procedures	5113	J1	\$2,977	A2	\$1,415
Excision of Neuroma Coding Examples						
28080	Level 2 Musculoskeletal Procedures	5112	J1	\$1,435	A2	\$749
64774	Level 1 Nerve Procedures	5431	J1	\$1,798	A2	\$854
64776	Level 1 Nerve Procedures	5431	J1	\$1,798	A2	\$854
+64778				Not Separately Paid		Not Separately Paid
64782	Level 1 Nerve Procedures	5431	J1	\$1,798	A2	\$854
+64783				Not Separately Paid		Not Separately Paid
64784	Level 1 Nerve Procedures	5431	J1	\$1,798	A2	\$854
64786	Level 2 Nerve Procedures	5432	J1	\$6,179	A2	\$2,632
+64787				Not Separately Paid		Not Separately Paid
64788	Level 1 Nerve Procedures	5431	J1	\$1,798	A2	\$854
64790	Level 1 Nerve Procedures	5431	J1	\$1,798	A2	\$854
64792	Level 2 Nerve Procedures	5432	J1	\$6,179	A2	\$2,632
Flap procedure CPT code options are not provided herein as multiple codes may be appropriate to describe the complete procedure. Review the operative note carefully to ensure all coding options are considered and then selected.*						

HCPCS Level II Coding Options*	
HCPCS Code <sup>5</sup>	HCPCS Code Description
C9399	Unclassified drugs or biologicals
C1889	Implantable/insertable device, not otherwise classified

- B. 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
- C. ASC Status Key: A2, & G2: Payment based on OPPS relative payment rate and subject to the multiple procedure discount (50%);

## Inpatient Facility Reimbursement

ICD-10-PCS Hospital Procedure Code Examples* (code according to patient's medical records)	
ICD-10-PCS <sup>6</sup> Code	Procedure Description
<b>Amputation Coding Examples</b>	
0X6[0,1]0ZZ	Detachment at [Right, Left] Forequarter, Open Approach
0X6[2,3]0ZZ	Detachment at [Right, Left] Shoulder Region, Open Approach
0X6[B,C]0ZZ	Detachment at [Right, Left] Elbow Region, Open Approach
0X6[8,9]0Z[1,2,3]	Detachment at [Right, Left] Upper Arm, [High, Mid, Low], Open Approach
0X6[D,F]0Z[1,2,3]	Detachment at [Right, Left] Lower Arm, [High, Mid, Low], Open Approach
0X6[J,K]0Z[0,4,5,6,7,8,9,B,C,D,F]	Detachment at [Right, Left] Hand, [Complete, Complete 1st Ray, Complete 2nd Ray, Complete 3rd Ray, Complete 4th Ray, Complete 5th Ray, Partial 1st Ray, Partial 2nd Ray, Partial 3rd Ray, Partial 4th Ray, Partial 5th Ray], Open Approach
0X6[L,M]0Z[0,1,2,3]	Detachment at [Right, Left] Thumb, [Complete, High, Mid, Low], Open Approach
0X6[N,P]0Z[01,2,3]	Detachment at [Right, Left] Index Finger, [Complete, High, Mid, Low] Open Approach
0X6[Q,R]0Z[0,1,2,3]	Detachment at [Right, Left] Middle Finger, [Complete, High, Mid, Low] Open Approach
0X6[S,T]0Z[0,2,3,]	Detachment at [Right, Left] Ring Finger, [Complete, High, Mid, Low] Open Approach
0X6[V,W]0Z[0,1,2,3]	Detachment at [Right, Left] Little Finger, [Complete, High, Mid, Low] Open Approach
0Y6[2,3,4]0ZZ	Detachment at [Right, Left, Bilateral] Hindquarter, Open Approach
0Y6[7,8]0ZZ	Detachment at [Right, Left] Femoral Region, Open Approach
0Y6[F,G]0ZZ	Detachment at [Right, Left] Knee Region, Open Approach
0Y6[C,D]0Z[1,2,3]	Detachment at [Right, Left] Upper Leg, [High, Mid, Low] Open Approach
0Y6[H,J]0Z[1,2,3]	Detachment at [Right, Left] Lower Leg, [High, Mid, Low] Open Approach
0Y6[M,N]0Z[0,4,5,6,7,8,9,B,C,D,F]	Detachment at [Right, Left] Foot, [Complete, Complete 1st Ray, Complete 2nd Ray, Complete 3rd Ray, Complete 4th Ray, Complete 5th Ray, Partial 1st Ray, Partial 2nd Ray, Partial 3rd Ray, Partial 4th Ray, Partial 5th Ray], Open Approach
0Y6[P,Q]0Z[0,1,2,3]	Detachment at [Right, Left] 1st Toe, [Complete, High, Mid, Low], Open Approach
0Y6[R,S]0Z[0,1,2,3]	Detachment at [Right, Left] 2nd Toe, [Complete, High, Mid, Low], Open Approach
0Y6[T,U]0Z[0,1,2,3]	Detachment at [Right, Left] 3rd Toe, [Complete, High, Mid, Low], Open Approach
0Y6[V,W]0Z[0,1,2,3]	Detachment at [Right, Left] 4th Toe, [Complete, High, Mid, Low], Open Approach
0Y6[X,Y]0Z[0,1,2,3]	Detachment at [Right, Left] 5th Toe, [Complete, High, Mid, Low], Open Approach
<b>Excision of Neuroma Coding Examples</b>	
01B0[0,3,4]ZZ	Excision of Cervical Plexus, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01B1[0,3,4]ZZ	Excision of Cervical Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01B2[0,3,4]ZZ	Excision of Phrenic Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01B3[0,3,4]ZZ	Excision of Brachial Plexus, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01B4[0,3,4]ZZ	Excision of Ulnar Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01B5[0,3,4]ZZ	Excision of Median Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01B6[0,3,4]ZZ	Excision of Radial Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01B8[0,3,4]ZZ	Excision of Thoracic Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01B9[0,3,4]ZZ	Excision of Lumbar Plexus, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01BA[0,3,4]ZZ	Excision of Lumbosacral Plexus, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01BB[0,3,4]ZZ	Excision of Lumbar Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01BC[0,3,4]ZZ	Excision of Pudendal Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01BD[0,3,4]ZZ	Excision of Femoral Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01BF[0,3,4]ZZ	Excision of Sciatic Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01BG[0,3,4]ZZ	Excision of Tibial Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01BH[0,3,4]ZZ	Excision of Peroneal Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01BQ[0,3,4]ZZ	Excision of Sacral Plexus, [Open, Percutaneous, Percutaneous Endoscopic] Approach
01BR[0,3,4]ZZ	Excision of Sacral Nerve, [Open, Percutaneous, Percutaneous Endoscopic] Approach
Flap procedure ICD-10-PCS code options are not provided herein as multiple codes may be appropriate to describe the complete procedure. Review the operative note carefully to ensure all coding options are considered and then selected.*	

## Inpatient Facility Reimbursement

ICD-10-CM Diagnosis Code Examples* (code according to patient's medical records)	
ICD-10-CM <sup>7</sup> Code	Diagnosis Description
C40.00-C41.9	Malignant neoplasm of bone and articular cartilage
C45.0-C49.A9	Malignant neoplasm of mesothelial and soft tissue
D36.10-D36.17	Benign neoplasm of peripheral nerves and autonomic nervous system
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
G57.00-G57.03	Lesion of sciatic nerve
G57.20-G57.23	Lesion of femoral nerve
G57.30-G57.33	Lesion of lateral popliteal nerve
G57.40-G57.43	Lesion of medial popliteal nerve
G57.60-G57.63	Lesion of plantar nerve
G57.80-G57.83	Other specified mononeuropathies of lower limb
G57.90-G57.93	Unspecified mononeuropathy of lower limb
G56.10-G56.13	Other lesions of median nerve
G56.20-G56.23	Lesion of ulnar nerve
G56.30-G56.33	Lesion of radial nerve
G56.80-G56.83	Other specified mononeuropathies of upper limb
G56.90-G56.93	Unspecified mononeuropathies of upper limb
I96	Gangrene, not elsewhere classified
T87.30	Neuroma of amputation stump, unspecified extremity
T87.31	Neuroma of amputation stump, right upper extremity
T87.32	Neuroma of amputation stump, left upper extremity
T87.33	Neuroma of amputation stump, right lower extremity
T87.34	Neuroma of amputation stump, left lower extremity
S68.011A-S68.729S	Traumatic amputation of wrist, hand and fingers
S98.011A-S98.929S	Traumatic amputation of ankle and foot
S58.011A-S58.929S	Traumatic amputation of elbow and forearm
S78.011A-S78.929S	Traumatic amputation of hip and thigh
S88.011A-S88.929S	Traumatic amputation of lower leg

Flap procedure ICD-10-CM code options are not provided herein as multiple codes may be appropriate to describe the complete diagnosis. Review the operative note carefully to ensure all coding options are considered and then selected.\*

## Inpatient Facility Reimbursement

MS-DRG	MS-DRG Description	2023 <sup>8</sup> Payment
040	Peripheral, Cranial Nerve and Other Nervous System Procedures with MCC	\$23,677
041	Peripheral, Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$14,613
042	Peripheral, Cranial Nerve and Other Nervous System Procedures without CC/ MCC	\$11,560
474	Amputation for Musculoskeletal System and Connective Tissue Disease with MCC	\$25,605
475	Amputation for Musculoskeletal System and Connective Tissue Disease with CC	\$13,882
476	Amputation for Musculoskeletal System and Connective Tissue Disease without CC/MCC	\$7,672

\* All codes referenced herein are examples only and may not be all-inclusive. Coding should be based on the medical record documentation and the code sets in effect at the time of service.

### References:

1. CPT 2023 Professional Edition, ©2022 American Medical Association (AMA); CPT is a trademark of the AMA.
2. 2023 Medicare Physician Fee Schedule, [www.cms.gov](http://www.cms.gov)
3. 2023 Medicare Hospital Outpatient Prospective Payment System, [www.cms.gov](http://www.cms.gov)
4. 2023 Medicare ASC Payment Rates, [www.cms.gov](http://www.cms.gov)
5. 2023 HCPCS, [www.cms.gov](http://www.cms.gov)
6. 2023 ICD-10-PCS, [www.cms.gov](http://www.cms.gov)
7. 2023 ICD-10-CM, [www.cms.gov](http://www.cms.gov)
8. 2023 DRG 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 2023 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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