Nerve repair with Avance

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 pages 5 and 6.

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 Descriptors	wRVU	RVUs[A]	2026[2] Payment
64912[B]	Nerve Repair; with Nerve Allograft, Each Nerve, First Strand (Cable)	11.70	24.52	$819
+64913	Nerve Repair; with Nerve Allograft, Each Additional Strand (List Separately in Addition to Code for Primary Procedure)	2.93	4.39	$147

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

Outpatient Facility Reimbursement

CPT Code	APC Description	APC	HOPD SI[D]	HOPD[3] 2026 Payment	ASC SI[E]	ASC[4] 2026 Payment
64912	Level 2 Nerve Procedures w/ Nerve Allograft	5433	J1	$8,966	J8	$6,158
+64913	Bundled into Primary C-APC Payment		N	No separate payment	N1	No separate payment

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)

Inpatient Facility Reimbursement

ICD-10-PCS Hospital Procedure Codes	
ICD-10-PCS[6] Code	Procedure Description
01U40KZ	Supplement Ulnar Nerve with Nonautologous Tissue Substitute, Open Approach
01U50KZ	Supplement Median Nerve with Nonautologous Tissue Substitute, Open Approach
01U60KZ	Supplement Radial Nerve with Nonautologous Tissue Substitute, Open Approach
01UD0KZ	Supplement Femoral Nerve with Nonautologous Tissue Substitute, Open Approach
01UF0KZ	Supplement Sciatic Nerve with Nonautologous Tissue Substitute, Open Approach
01UG0KZ	Supplement Tibial Nerve with Nonautologous Tissue Substitute, Open Approach
01UH0KZ	Supplement Peroneal Nerve with Nonautologous Tissue Substitute, Open Approach
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

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. 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.
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: 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
01U80KZ	Supplement Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
01R40KZ	Replacement Ulnar Nerve with Nonautologous Tissue Substitute, Open Approach
01R50KZ	Replacement Median Nerve with Nonautologous Tissue Substitute, Open Approach
01R60KZ	Replacement Radial Nerve with Nonautologous Tissue Substitute, Open Approach
01RD0KZ	Replacement Femoral Nerve with Nonautologous Tissue Substitute, Open Approach
01RF0KZ	Replacement Sciatic Nerve with Nonautologous Tissue Substitute, Open Approach
01RG0KZ	Replacement Tibial Nerve with Nonautologous Tissue Substitute, Open Approach
01RH0KZ	Replacement Peroneal Nerve with Nonautologous Tissue Substitute, Open Approach
01R80KZ	Replacement Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
00RK0KZ	Replacement Trigeminal Nerve with Nonautologous Tissue Substitute, Open Approach
00RM0KZ	Replacement Facial Nerve with Nonautologous Tissue Substitute, Open Approach
00RP0KZ	Replacement Glossopharyngeal Nerve with Nonautologous Tissue Substitute, Open Approach
00RS0KZ	Replacement Hypoglossal Nerve with Nonautologous Tissue Substitute, Open Approach
00RR0KZ	Replacement Accessory Nerve with Nonautologous Tissue Substitute, 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
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

F. 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[F]	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	2025[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

F. 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.

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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