# Arthrex Nerve Wrap and Arthrex Nerve Conduit

## 2026 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions regarding arthroscopic procedures completed with the products in this guide, the following information is shared for educational and strategic planning purposes only. It is the sole responsibility of the treating health care professional to diagnose and treat the patient, and to and confirm coverage, coding, and claim submission guidance with the patient's health insurance plan to ensure claims are accurate, complete, and supported by documentation in the patient's medical record. Any determination regarding if and how to seek reimbursement should be made only by the appropriate members of the staff, in consultation with the physician, and in consideration of the procedure performed or therapy provided to a specific patient. Arthrex does not recommend or endorse the use of any particular diagnosis or procedure code(s) and makes no determination if or how reimbursement may be available. Of important note, reimbursement codes and payment, as well as health policy and legislation are subject to continual change.

### FDA Regulatory Clearance

Arthrex Nerve Wrap is indicated for the management of peripheral nerve injuries in which there has been no substantial loss of nerve tissue and where gap closure can be achieved by flexion of extremity (K060952).

Arthrex Nerve Conduit is for the management of peripheral nerve injuries in discontinuities where gap closure can be achieved by flexion of the extremity (eg, to prevent in-growth of scar tissue) or at the end of the nerve in the foot to reduce the formation of symptomatic or painful neuroma (K131541).

### Value Analysis Significance

Arthrex Nerve Wrap is a resorbable collagen matrix that provides a nonconstricting encasement for injured peripheral nerves for protection of the neural environment. It is designed to be an interface between the nerve and the surrounding tissue. When hydrated, Arthrex Nerve Wrap is easy to handle; soft, pliable, nonfriable, and porous collagen conduit. Its resilience allows the product to recover and maintain closure once the device is placed around the nerve.

Arthrex Nerve Conduit is a resorbable, semipermeable, nonfriable collagen tubular matrix. It is designed to create a conduit for axonal growth across a nerve gap. Added kink resistant property allows the conduit to bend without kinking or collapsing.

### Coding Considerations

Codes provide a uniform language for describing services performed by health care providers. The actual selection of codes depends on the primary surgical procedure, supported by details in the patient's medical record about medical necessity. It is the sole responsibility of the health care provider to correctly prepare claims submitted to insurance carriers.

### Physician's Professional Fee

The primary procedure determined by the surgeon may include:

| **2026 Medicare National Average Payment Rates** (Not Adjusted for Geography) | | **Physician**[b,c] | | **Hospital Outpatient**[d] | | **ASC**[e] |
|---|---|---|---|---|---|---|
| CPT®[a] Code HCPCS Code | Code Description | Work RVUs | Medicare National Average | APC and APC Description | Medicare National Average | Medicare National Average |
| Nerve Wrap | | | | | | |
| **64702** | Neuroplasty; digital, 1 or both, same digit | 6.10 | $491.09 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **64704** | Neuroplasty; nerve of hand or foot | 4.57 | $309.83 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **64708** | Neuroplasty, major peripheral nerve, arm or leg, open; other than specified | 6.20 | $466.59 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **64712** | Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve | 7.87 | $560.24 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **64713** | Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus | 11.12 | $748.89 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **64714** | Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus | 10.29 | $719.35 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |

| **2026 Medicare National Average Payment Rates** (Not Adjusted for Geography) | | **Physician**[b,c] | | **Hospital Outpatient**[d] | | **ASC**[e] |
|---|---|---|---|---|---|---|
| CPT®[a] Code HCPCS Code | Code Description | Work RVUs | Medicare National Average | APC and APC Description | Medicare National Average | Medicare National Average |
| **64718** | Neuroplasty and/or transposition; ulnar nerve at elbow | 7.08 | $578.03 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **64719** | Neuroplasty and/or transposition; ulnar nerve at wrist | 4.85 | $389.72 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **64721** | Neuroplasty and/or transposition; median nerve at carpal tunnel | 4.85 | (HOPD & ASC) $425.30 (Office) $485.05 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **64722** | Decompression; unspecified nerve(s) (specify) | 4.70 | $374.95 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **64726** | Decompression; plantar digital nerve | 4.16 | $259.48 | 5431 – level 1 nerve procedures | $1995.02 | $948.66 |
| **+64727** | Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) | 3.02 | $145.68 | Packaged service/ item; no separate payment made | $0 (carrier-priced) | Packaged service/item; no separate payment made |
| Nerve Conduit | | | | | | |
| **64910** | Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve | 10.26 | $700.89 | 5432 | $8965.93 | $5880.77 |

[a] CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association. Health care providers and their professional coders must closely review this primary citation along with the patient's medical record before selecting the appropriate code.

[b] Source: AMA CPT 2026 and CMS PFS 2026 Final Rule

[c] CMS Conversion Factor (CF) effective January 1, 2026: $33.5675

[d] Source: CMS 2026 OPPS Final Rule @ www.cms.gov

[e] Source: CMS 2026 ASC Final Rule @ www.cms.gov

| Facility Coding | | |
|---|---|---|
| HCPCS Code | Code Description | Notes |
| **C1762** | **Connective tissue, human**<br>These tissues include a natural, cellular collagen, or extracellular matrix obtained from autologous rectus fascia, decellularized cadaveric fascia lata, or decellularized dermal tissue. They are intended to repair or support damaged or inadequate soft tissue. | For Medicare, anchors/screws/ joint devices are not separately reimbursed in any setting of care (eg, hospital, ASC). These costs are absorbed by the facility via the appropriate reimbursement mechanism (eg, MS-DRG, APC, etc).<br><br>For non-Medicare (eg, commercial) patients, depending on contractual terms and general stipulations of the payer, direct invoicing by the facility may be allowed. Contact the patient's insurance company or the facility's payer contract for further information. |
| **C1889** | Implantable/insertable device, not otherwise classified | |

List of pass-through payment device category codes (updated September 2022): https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/passthrough_payment

For more information about the primary procedure, please speak with your admitting surgeon. You may also call the Arthrex Coding Helpline at 1-844-604-6359 or email AskMarketAccess@arthrex.com.