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Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

Nerve Grafting Policy**Indication/Usage:**

Peripheral nerve damage is common and causes significant loss to individuals, caused by trauma and surgery. Delays in reinnervation of the muscle can lead to a permanent loss of muscle function. Autologous nerve graft is the standard of care for repairing nerve gaps of up to 5 cm. Healing following direct nerve repair or repair with autograft is slow and sometime fails. Several bioengineered nerve wraps or devices have become available as alternatives to direct repair or autologous nerve graft. Nerve wraps attempt to reduce axonal escape across a direct repair site and nerve devices. There is not a donor site defect, required by an autologous nerve graft. Nerve

allograft transplantation from cadavers offers an alternative without the morbidities associated with autografts, but these grafts are rejected unless immunosuppression is achieved. There is no clear evidence of benefit to people with nerve injuries from use of wraps or conduits over standard surgical repair.

Medical Indications for Authorization Commercial and Medicare Members

SummaCare considers nerve allografts, nerve wraps and conduits experimental and investigational for the repair and closure of nerve gaps from peripheral nerve injuries because the effectiveness of these approaches has not been established.

Limitations

The following examples are all considered experimental and investigational:

- Avance®
- AxoGen®
- AxoGUARD®
- Cross-palm nerve grafting to enhance sensory recovery in ulnar neuropathy
- Intra-operative electrical stimulation of peripheral nerve for promotion of nerve regeneration in the upper extremity
- Neuromatrix collagen nerve cuff
- NeuroMend collagen nerve wrap
- Nerve grafting for radical retropubic prostatectomy
- Nerve wrapping for the treatment of compression neuropathy
- The use of vascularized nerve grafts for the treatment of a nerve gap

The following CPT codes are not covered

- 0882T Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)
- 0883T Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)
- 64911 Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
- 64912 Nerve repair; with nerve allograft, each nerve, first strand (cable)

- 64913 Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)

The following HCPCS are not covered

- C9352 Microporous collagen implantable tube (Neuragen Nerve Guide), per centimeter length
- C9353 Microporous collagen implantable slit tube (Neurawrap Nerve Protector), per centimeter length
- C9355 Collagen nerve cuff (neuromatrix), per 0.5 centimeter length
- C9361 Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length

There are currently no NCD or LCD per CMS

Coverage Decisions

Coverage decisions made per CMS, Hayes and industry standards research

Plans Covered By This Policy

Commercial and Medicare

Considered experimental and investigational for all lines of business

Sources Reviewed

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