

CHAPTER 13  
 SECTION 9.1  
 ADDENDUM 1, SECTION 13

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES -  
 EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND  
 AUTONOMIC NERVOUS SYSTEM

The number following the procedure code is the TRICARE payment group.

INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<b>SOMATIC NERVES</b>		
64410	2	Injection, anesthetic agent; phrenic nerve
64415	2	Injection, anesthetic agent; brachial plexus
64417	2	Injection, anesthetic agent; axillary nerve
64420	2	Injection, anesthetic agent; intercostal nerve, single
64421	2	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64430	2	Injection, anesthetic agent; pudendal nerve
64442	1	Injection, anesthetic agent; paravertebral facet joint nerve, lumbar, single level
64443	2	Injection, anesthetic agent; paravertebral facet joint nerve, lumbar, each additional level

**SYMPATHETIC NERVES**

64510	2	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64520	2	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	2	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring

**NEUROSTIMULATORS, PERIPHERAL NERVE**

64575	2	Incision for implantation of neurostimulator electrodes; peripheral nerve
64590	4	Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64595	2	Revision or removal of peripheral neurostimulator pulse generator or receiver

DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL,  
 ELECTRICAL, RADIOFREQUENCY)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<b>SOMATIC NERVES</b>		
64600	2	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	2	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale

**DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL,  
 ELECTRICAL, RADIOFREQUENCY) (CONTINUED)**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
64610	2	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64620	2	Destruction by neurolytic agent; intercostal nerve
64622	2	Destruction by neurolytic agent; paravertebral facet joint nerve, lumbar, single level
64623	2	Destruction by neurolytic agent; paravertebral facet joint nerve, lumbar, each additional level
64630	4	Destruction by neurolytic agent; pudendal nerve

**SYMPATHETIC NERVES**

64680	4	Destruction by neurolytic agent, celiac plexus, with or without radiologic monitoring
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**NEUROLOPLASTY (EXPLANATION, NEUROLYSIS OR NERVE DECOMPRESSION)**

64702	2	Neuroplasty; digital, one or both, same digit
64704	2	Neuroplasty; nerve of hand or foot
64708	4	Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712	4	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713	4	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714	4	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus
64716	5	Neuroplasty and/or transposition; cranial nerve (specify)
64718	9	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	4	Neuroplasty and/or transposition; ulnar nerve at wrist
64721	5	Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	2	Decompression; unspecified nerve(s) (specify)
64726	2	Decompression; plantar digital nerve
64727	2	Internal neurolysis, requiring use of operating microscope (list separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)

**TRANSECTION OR AVULSION OF NERVE**

64732	4	Transection or avulsion of; supraorbital nerve
64734	4	Transection or avulsion of; infraorbital nerve
64736	4	Transection or avulsion of; mental nerve
64738	4	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	4	Transection or avulsion of; lingual nerve
64742	4	Transection or avulsion of; facial nerve, differential or complete
64744	4	Transection or avulsion of; greater occipital nerve
64746	4	Transection or avulsion of; phrenic nerve
64771	4	Transection or avulsion of other cranial nerve, extradural
64772	4	Transection or avulsion of other spinal nerve, extradural

**EXCISION-SOMATIC NERVES**

64774	4	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	5	Excision of neuroma; digital nerve, one or both, same digit
64778	4	Excision of neuroma; digital nerve, each additional digit (list separately by this number)
64782	5	Excision of neuroma; hand or foot, except digital nerve
64783	4	Excision of neuroma; hand or foot, each additional nerve, except same digit (list separately by this number)

**DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL,  
ELECTRICAL, RADIOFREQUENCY) (CONTINUED)**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
64784	5	Excision of neuroma; major peripheral nerve, except sciatic
64786	5	Excision of neuroma; sciatic nerve
64787	4	Implantation of nerve end into bone or muscle (list separately in addition to neuroma excision)
64788	5	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	5	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	5	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795	4	Biopsy of nerve

EXCISION-SYMPATHETIC NERVES

64802	4	Sympathectomy, cervical
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NERVE REPAIR BY SUTURE (NEURORRHAPHY)

64830	7	Microdissection and/or microrepair of nerve (list separately in addition to code for nerve repair)
64831	6	Suture of digital nerve, hand or foot; one nerve
64832	2	Suture of digital nerve, hand or foot; each additional digital nerve
64834	4	Suture of one nerve, hand or foot; common sensory nerve
64835	5	Suture of one nerve, hand or foot; median motor thenar
64836	5	Suture of one nerve, hand or foot; ulnar motor
64837	2	Suture of each additional nerve, hand or foot
64840	4	Suture of posterior tibial nerve
64856	4	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	4	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	4	Suture of sciatic nerve
64859	2	Suture of each additional major peripheral nerve
64861	5	Suture of; brachial plexus
64862	5	Suture of; lumbar plexus
64864	5	Suture of facial nerve; extracranial
64865	6	Suture of facial nerve; intratemporal, with or without grafting
64870	6	Anastomosis; facial-phrenic
64872	4	Suture of nerve; requiring secondary or delayed suture (list separately in addition to code for primary neurorrhaphy)
64874	5	Suture of nerve; requiring extensive mobilization, or transposition of nerve (list separately in addition to code for nerve suture)
64876	5	Suture of nerve; requiring shortening of bone of extremity (list separately in addition to code for nerve suture)

NEURORRHAPHY WITH NERVE GRAFT

64890	4	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	4	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	4	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length

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**DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL,  
 ELECTRICAL, RADIOFREQUENCY) (CONTINUED)**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
64893	4	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895	5	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	5	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	5	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	5	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901	4	Nerve graft, each additional nerve; single strand
64902	4	Nerve graft, each additional nerve; multiple strands (cable)
64905	4	Nerve pedicle transfer; first stage
64907	2	Nerve pedicle transfer; second stage

Except as provided below, all procedures are effective as of November 1, 1994

- 1 Code added for services performed on or after January 1, 1995
- 2 Code added for services performed on or after February 27, 1995
- 3 Code deleted for services performed on or after April 1, 1995
- 4 Code deleted for services performed on or after April 26, 1995
- 5 Payment group changed for services performed on or after February 27, 1995
- 6 Code added October 1995 effective for services performed on or after November 1, 1994
- 7 Code deleted for services performed on or after March 31, 1996
- 8 Code added for services performed on or after January 1, 1996
- 9 Code added for services performed on or after January 1, 1997
- 10 Code deleted for services performed on or after January 1, 1997
- 11 Code added for services performed on or after November 1, 1998