Three separate procedures are performed and each is listed separately. None of these external procedures should be reported separately.

The CPT book also indicates:

- External neurolysis involves decompression of the nerve by removing scar tissue from or other anatomic structures.
- Internal neurolysis involves decompressing the nerve from compressive agents, whether scar tissue, neural elements, or other structures. Internal neurolysis can be defined using the operating microscope (64727).

CPT defines neuroplasty as a nerve decompression or freeing of intact nerve from scar tissue, including scar tissue or other anatomic structures. It is performed to relieve compression of a nerve, whether spontaneous or secondary to trauma. “External neurolysis” involves maneuvers to separate the nerve from compressive agents, whether scar tissue or other anatomic structures. It includes epineurium or fascicles. Each CPT code includes these maneuvers, and they should not be reported separately.

The CPT book also indicates:

- For internal neurolysis requiring use of operating microscope, use 64727.
- Internal neurolysis involves decompressing the nerve by removing scar tissue from the interior of the nerve, between the nerve fascicular groups and nerve fibers. It is performed using the operating microscope and is reported separately with add-on code 64727. The operating microscope code, 69990, is not separately reported.

**What’s global?**

Each neuroma procedure is global and includes all maneuvers that are routinely performed when a nerve is decompressed. For example, a “standard” open carpal tunnel release is reported with code 64721. This global code includes:

- The approach (incision, division of the palmar aponeurosis)
- Antebrachial fasciectomy
- Division of the transverse carpal ligament
- Exploration of the motor branch
- Release of the motor branch (fibrous bands, transligamentous course)
- External neurolysis
- Epineurotomy
- Synovial biopsy or limited synovectomy
- Layered closure of the operative wound
- Application of wrist splint
- Neurolysis (local/wrist block) provided by the surgeon
- Ninety days of uncomplicated postoperative care (office visits, wound checks, bandage changes, suture removal)

Reporting any of these global components in addition to 64721 is unbundling. An ulnar nerve neurolysis at the elbow (CPT code 64718) includes release of all sources of compression, including the Arcade of Struthers, Osborne’s bands, the flexor carpi ulnaris heads, and the flexor digitorum superficialis origin. To report “tenotomy” codes for these releases is unbundling. Code 64718 includes subcutaneous transposition of the nerve.

**Additional procedures**

The most common nerve decompression procedures performed are carpal tunnel release, ulnar nerve decompression, and transposition at the elbow, and Guyon's Canal release. Each is reported with a single global code (see table above). Additional procedures are reported separately:

- Internal neurolysis, using operating microscope (64727)
- Submuscular transposition (24305)
- Radial nine-tendon flexor synovectomy (25115)
- Local flaps (e.g., Z-plasty) (14040)
- Procedures through different incisions

**Be careful with CCI edits**

The “Correct” Coding Initiative (CCI) incorrectly overbundles a myriad of procedures. In nerve decompression surgery, there are a large number of clinically incorrect code edits. Procedures which are not components of each other, even procedures performed through separate incisions are inappropriately overbundled. Some edits even include non-existent codes (61712, 97601).

For example, among the nearly 100 CPT codes bundled with 64721 (median nerve decompression at the carpal tunnel), are clinically preposterous edits with 01250 (“anesthesia for thigh procedures”), 62311 (“lumboscopal epidural injection”) and 95822 (“Electroencephalogram; recording in coma”).

Of even more concern to hand surgeons are the inappropriate edits with hand procedures which are distinct from carpal tunnel surgery, but are often performed at the same operative session as carpal tunnel surgery (see Table). That deQuervain’s release is bundled with carpal tunnel surgery makes no clinical sense. These procedures are distinct, not components of each other, and are performed through separate incisions. When performing these procedures together, use the 59, distinct procedure, modifier, to indicate that these are separate procedures:

- 64721 Carpal tunnel release
- 25000-59 deQuervain’s release

Without appending modifier 59 the deQuervain’s release would be disallowed. It’s critical to know which procedures are overbundled by CCI, so that modifier 59 is used when reporting these procedures together.

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From the American Medical Association to the American Academy of Orthopaedic Surgeons, the AMA CPT Advisory Committee is composed of surgeons, anesthesiologists, and other physicians who receive training in CPT.

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**Nerve compression syndrome coding rigor needed**

**BY RAYMOND JANEVICUS, MD**

Nerve compression procedures, such as carpal tunnel release, are commonly performed by hand surgeons. This month’s column will examine the more common decompression procedures and their accurate coding.

**What CPT says**

Most of the nerve compression codes (647XX) are found in the “Nervous System” section of the CPT book. Decompression of a nerve is termed “neuroma” in the CPT book. CPT defines neuroma as the surgical decompression or freeing of intact nerve from scar tissue, including scar tissue or other anatomic structures. It includes epineurium, fascicles, and nerves. Each CPT code includes these maneuvers, and they should not be reported separately.

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– Dr. Janevicius is the Society’s representative to the AMA CPT Advisory Committee.