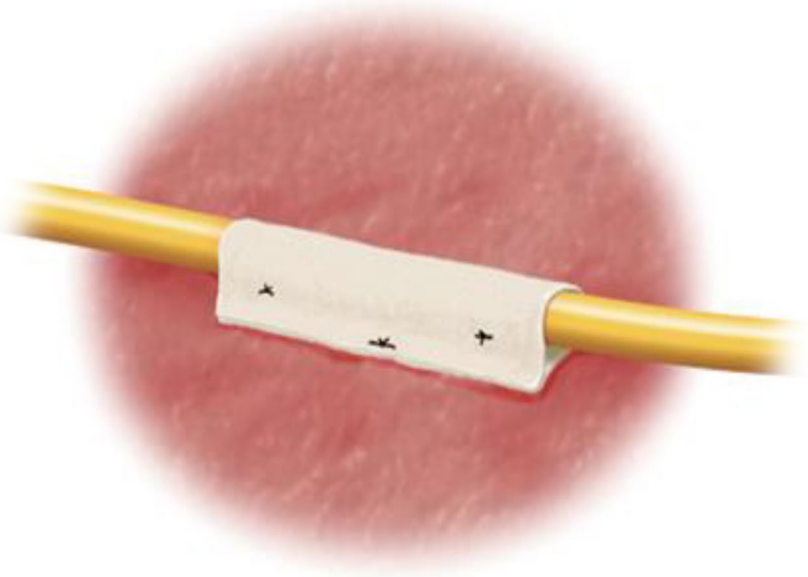
MOCHIDA PHARMACEUTICAL CO., LTD.

ReFeel®

Nerve Repair Solution

2026 Comprehensive Coding & Billing Guide



Product Description

ReFeel® Nerve Repair Solution (hereafter referred to as ReFeel®) is a press-molded sheet of xerogel made by lyophilizing a gel made from Sodium Alginate, which is covalently cross-linked with Ethylene diamine, embedded with a Polyglycolic acid sheet. The sheet size is approximately 5.5 x 5.5 cm.

When used, the device is cut according to the size of the nerve axon injury site, and fixed in place to cover the nerve axon injury site.

ReFeel® is in a sheet form, and can cover the nerve injury site by folding. In addition, the sheets can be freely bent to fit areas that are not flat or smooth.

Intended Use/Indications for Use

ReFeel® is indicated for the repair of peripheral nerve discontinuities where gap closure can be achieved by flexion of the extremity, or the management of peripheral nerve injuries in which there has been no substantial loss of nerve tissue.

Contraindications

ReFeel® is not designed, sold or intended for use except as described in the indications for use.

ReFeel® is contraindicated in patients with:

- **Known history of hypersensitivity to Alginate, Polyglycolic acid or ethylene diamine materials.**
- **Known history of allergic reactions to laminaria or seaweed-derived products.**
- **Acute infections or have a contaminated wound in the immediate area surrounding the peripheral nerve discontinuity or injury.**

2026 CODING AND MEDICARE PAYMENT

Depending on the specific surgical documentation, the following CPT codes may be appropriate for the use of ReFeel®. When ReFeel® is used for nerve wrapping, CPT 64999 may be appropriate. Included are the Medicare physician, Hospital Outpatient Prospective Payment System (OPPS), Ambulatory Surgical Center (ASC), and likely Medicare Severity Diagnosis Related Group (MS-DRG) unadjusted payment rates.

CPT CODE[i]	DESCRIPTION	2026 Medicare Physician Payment[ii]	2026 OPPS (APC Payment & Status Indicator)[iii]	2026 ASC (Payment Indicator & Payment Rate)[iv]
64910	Nerve repair; with synthetic conduit or vein allograft (e.g., nerve tube), each nerve	10.26 wRVUs $697.39	J1 $8,965.93	J8 $5,880.77
64999	Unlisted procedure, nervous system	Carrier Priced	T $313.60	U5

The following procedures may also be appropriate to report during the same session(s) as when ReFeel® (64910 or 64999) is used.

NEUROPLASTY				
28035	Release, Tarsal Tunnel (Posterior Tibial Nerve Decompression)	5.10 wRVUs $343.69	J1 $1,995.02	A2 $948.66
64702	Neuroplasty; Digital, 1 or Both, Same Digit	6.10 wRVUs $488.64	J1 $1,995.02	A2 $948.66
64704	Neuroplasty, Nerve of Hand or Foot	4.57 wRVUs $308.28	J1 $1,995.02	A2 $948.66
64708	Neuroplasty, Major Peripheral Nerve, Arm or Leg, Open; Other Than Specified	6.20 wRVUs $464.26	J1 $1,995.02	A2 $948.66
64712	Neuroplasty, Major Peripheral Nerve, Arm or Leg, Open; Sciatic Nerve	7.87 wRVUs $557.45	J1 $1,995.02	A2 $948.66
64718	Neuroplasty and/or Transposition; Ulnar Nerve at Elbow	7.08 wRVUs $575.15	J1 $1,995.02	A2 $948.66
64721	Neuroplasty and/or Transposition; Median Nerve at Carpal Tunnel	4.85 wRVUs $423.18	J1 $1,995.02	A2 $948.66
64722	Decompression: Unspecified Nerve(s) (Specify)	4.70 wRVUs $373.08	J1 $1,995.02	A2 $948.66
64726	Decompression, Plantar Digital Nerve	4.16 wRVUs $258.18	J1 $1,995.02	A2 $948.66

Status and Payment Indicators

Hospital Outpatient Status Indicators	
J1	Hospital part B services paid through a comprehensive APC.
T	Paid under OPPS; separate APC payment.
ASC Payment Indicators	
U5	Surgical unlisted service excluded from ASC payment.
A2	Surgical procedure on ASC list.
G2	Non-office based surgical procedure.
P3	Office-based surgical procedure added to ASC list in CY 2008, payment based on physician non-facility practice expense RVUs.
J8	Device-intensive procedure; paid at adjusted rate.

CPT/HCPCS Modifiers

Modifier	Description
-AS	**Assistant Surgeon:** Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.
-22	**Increased Procedural Services:** Can be used to report procedures that are significantly more difficult or complex.
-51	**Multiple Procedures:** When more than one procedure is performed at the same session a modifier -51 is appended to additional procedures. It is not appended to codes listed as "add-on" codes.
-58	**Staged or Related Procedure (same physician):** It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure.
-59	**Distinct Procedural Service:** Modifier -59 is used to report separate services that are distinct or independent and not normally reported together. Documentation must support the distinct service (i.e. separate area of injury in extensive injuries).
-78	**Unplanned Return to the OR/Procedure Room (same physician):** It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure.
-80	**Assistant Surgeon:** Surgical assistant services may be identified by adding the modifier 80 to the usual procedure numbers. This modifier should be reported to identify surgical assistant services performed in a non-teaching setting or in a teaching setting when a resident was available, but the surgeon opted not to use the resident. In the latter case, the service is generally not covered by Medicare.

Effective January 1st, 2015, CMS established four new modifiers to define specific subsets of the -59 modifier. Modifier -59 is still recognized but should not be used when a more descriptive modifier is available. -X{EPSU} modifiers are below.[v]

Modifier	Description
-XE	**Separate Encounter**: a service that is distinct because it occurred during a separate encounter. Only use XE to describe separate encounters on the same DOS.
-XS	**Separate Structure**: a service that is distinct because it was performed on a separate organ/structure
-XP	**Separate Practitioner**: a service that is distinct because it was performed by a different practitioner
-XU	**Unusual Non-Overlapping Service**: the use of a service that is distinct because it does not overlap usual components of the main service

HCPCS Coding

Outpatient reporting requires that implantable devices and biologics used in procedures be coded separately using the Healthcare Common Procedure Coding System (HCPCS) Level II Codes. This code set allows line-item reporting of products used in procedures that are not already included within the reimbursement rate for the reported APC. The following HCPCS code may be appropriate for reporting cases involving the ReFeel®.

HCPCS Code(s)[vi]	HCPCS Code Description
C1889	Implantable/insertable device, not otherwise classified
C1763	Connective Tissue, Nonhuman (Includes Synthetic)

2026 INPATIENT CODING AND MEDICARE PAYMENT

Inpatient procedures are coded using the ICD-10-PCS coding system.

ICD-10-PCS codes are comprised of seven characters:

- **1st character is Section.**
- **2nd character is Body System.**
- **3rd character is Root Operation.**
- **4th character is Body Part.**
- **5th character is Approach.**
- **6th character is Device.**
- **7th character is Qualifier.**

The ReFeel® may be used in a number of inpatient peripheral nerve injury applications where discontinuity gap closure can be achieved by flexion of the extremity or in the management of peripheral nerve injuries in which there has been no substantial loss of nerve tissue.

ICD-10-PCS Procedure Coding Guide

Use the following guide in selecting the appropriate ICD-10-PCS code(s). There may be more than one PCS code reported if additional root operations are performed.

Note: Not all combinations are available with the below listed characters. Validate that the combination selected is available in the PCS coding tables[vii]. The **bolded** numeral or letter represents the character to be selected. There should be a total of 7 characters in the PCS code that is selected.

For example:

PCS Code	Description
01U40JZ	Supplement Ulnar Nerve with Synthetic Substitute, Open Approach

For example, if the procedure is an open repair of left ulnar nerve, the appropriate PCS code would be 01U40JZ. This code represents the primary procedure, and any integral procedures performed in addition to the primary procedure are not separately coded.

Section (Character 1)

0 Medical and Surgical

Body System (Character 2)

1 Peripheral Nervous System

Root Operation (Character 3)

Q Repair – Restoring, to the extent possible, a body part to its normal anatomic structure and function

U Supplement - Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part (Character 4)

D Femoral Nerve
F Sciatic Nerve
G Tibial Nerve
4 Ulnar Nerve
5 Median Nerve
6 Radial Nerve

Approach (Character 5)

0 Open

Device (Character 6)

7 Autologous Tissue Substitute [for additional autografts at same session]
J Synthetic Substitute
K Nonautologous Tissue Substitute [for additional allografts at same session]

Qualifier (Character 7)

Z No Qualifier

2026 MS-DRG PAYMENTS

The following possible MS-DRG assignments are provided below along with the 2026 Medicare national unadjusted payment rates.

MS-DRG[viii]	DRG DESCRIPTION	2026 MEDICARE PAYMENT
040	Peripheral, Cranial Nerve and Other Nervous System Procedures with MCC	$28,097.03
041	Peripheral, Cranial Nerve and Other Nervous System Procedures with CC	$15,999.41
042	Peripheral, Cranial Nerve and Other Nervous System Procedures without CC/MCC	$12,572.06
500	Soft Tissue Procedures with MCC	$23,029.49
501	Soft Tissue Procedures with CC	$12,720.50
502	Soft Tissue Procedures without CC/MCC	$9,793.79
513	Hand or Wrist Procedures, Except Major Thumb or Joint Procedures With CC/MCC	$11,455.80
514	Hand or Wrist Procedures, Except Major Thumb or Joint Procedures Without CC/MCC	$7,439.03
906	Hand Procedures for Injuries	$14,293.74
957	Other O.R Procedures for Multiple Significant Trauma with MCC	$55,448.18
958	Other O.R. Procedures for Multiple Significant Trauma with CC	$30,663.54
959	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC	$21,423.51

CC – Complications or Comorbidities
MCC – Major Complications or Comorbidities

2026 ICD-10-CM DIAGNOSIS CODING

ReFeel® is indicated for the repair of peripheral nerve discontinuities where gap closer can be achieved by flexion of the extremity, or the management of peripheral nerve injuries in which there has been no substantial loss of nerve tissue. Below are some examples of diagnosis codes that may be applicable. This is not meant to be an exhaustive list.

ICD-10-CM	ICD-10-CM Diagnosis Description
S44*	Injury of nerves at shoulder and upper arm level
S54*	Injury of nerves at forearm level
S64.0*	Injury of ulnar nerve at wrist and hand level
S64.1*	Injury of median nerve at wrist and hand level
S64.2*	Injury of radial nerve at wrist and hand level
S64.3*	Injury of digital nerve of thumb
S64.4*	Injury of digital nerve of other and unspecified finger
S64.8*	Injury of other nerves at wrist and hand level
S64.9*	Injury of unspecified nerve at wrist and hand level
S74*	Injury of nerves at hip and thigh level
S84*	Injury of nerves at lower leg level
S94*	Injury of nerves at ankle and foot level

*Requires additional character(s)

MEDICARE COVERAGE DETERMINATIONS (NCD/LCD)

Check with your local Medicare Administrative Contractor (MAC) regarding any relevant National Coverage Determination (NCDs) or Local Coverage Determinations (LCDs). Medicare may cover these products on a case-by-case basis, with evidence of medical necessity. While traditional Medicare does not require or allow prior authorization or prior approval for procedures, Medicare Advantage plans are managed by commercial payers who may require prior authorization for Medicare Advantage patients. Check with your plan administrator for any prior authorization requirements.

COMMERCIAL COVERAGE DETERMINATIONS

Commercial insurance coverage policies vary, and many require prior authorization for any procedure. We encourage health care professionals to contact payer(s) directly with questions regarding coverage policies or guidelines for the ReFeel®.

WARNINGS

Single use only. Do not re-sterilize. Do not use if packaging is damaged.

Complete postoperative wound closure is essential. ReFeel® must not be used to repair nerve defect where full coverage of the defect site cannot be achieved.

ReFeel® should not be implanted in combination with other products (other than products where the instructions for use of these products allow combination with ReFeel®).

Heavy bleeding may reduce performance of ReFeel®.

ADVERSE REACTIONS

Possible complications that can occur with any peripheral nerve surgery may include pain, swelling, infection, decrease or increase in nerve sensitivity, wound healing disorders, hypersensitivity that may be caused by Alginate and/or polyglycolic acid and complications associated with use of anaesthesia. Minor discomfort in the surgical site may occur for a few days. Transient, mild, or localized inflammation may occur as a result of standard surgical procedure.

PRECAUTIONS

Use of ReFeel® is intended only for surgeons that are experienced in performing nerve repair surgery and who are familiar with the appropriate surgical techniques.

Aseptic handling techniques are required during all phases of device handling.

Do not wash the treatment area containing ReFeel® until the application of the device has been completed and the nerve is fully wrapped and sutured.

Do not use contaminated ReFeel® for surgery.

The safety and effectiveness of ReFeel® has not been evaluated in pregnant women and children.

STORAGE

Store ReFeel® at temperature between 1℃ and 28℃. Humidity range between 0% and 65%. Avoid excessive temperature and humidity.

DISPOSAL

The used device along with any waste materials should be disposed of in accordance with local requirements.

Reimbursement Disclaimer: This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of April 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 payers 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 American Medical Association (AMA), relevant medical societies, Centers for Medicare & Medicaid Services (CMS), your local Medicare Administrative Contractor (MAC), and other health plans to which you submit claims. Items and services that are billed to payers 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 payers. The decision as to how to complete a reimbursement form, including the amount to bill, is exclusively the responsibility of the provider.

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i CPT® is a registered trademark of the American Medical Association (AMA). Copyright 2023 AMA. All CPT codes are owned and licensed by the American Medical Association.

ii 2026 Medicare Physician Fee Schedule: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices

iii 2026 Medicare Outpatient Hospital Fee Schedule: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/addendum-a-b-updates

iv 2026 Medicare ASC Fee Schedule: https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda

v CMS Transmittal 1422. Available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1422OTN.pdf (Accessed April 2026)

vi 2026 Medicare HCPCS Quarterly Updates: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

vii Medicare ICD-10-CM: https://www.cms.gov/medicare/coding-billing/icd-10-codes#

viii 2026 Medicare IPPS Fee Schedule:https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps

ix 2026 Medicare NCCI Policy Manual: https://www.cms.gov/files/document/2026-ncci-medicare-policy-manual-all-chapters.pdf

For more information on ReFeel© or product complaints/queries contact:

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Caution: Prescription use only. Federal law (USA) restricts this device to sale by or on the order of a physician. See instructions for Use for complete indications, warnings, contraindications and adverse events.

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