JOHNS HOPKINS HEALTHCARE

**Medical Policy:** Surgical Decompression for Diabetic Neuropathy  
**Department:** Medical Management  
**Lines of Business:** EHP, USFHP, PPMCO

**Policy Number:** CMS19.10

**Effective Date:** 08/29/11  
**Review Dates:** 8/29/11, 3/15/12, 3/4/16

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**ACTION:**
☐ New Policy  
☐ Revising Policy Number  
☐ Superseding Policy Number  
☐ Archiving Policy Number  
☑ Retiring Policy Number: CMS19.10

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Johns Hopkins HealthCare (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

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**RETIRED**

THIS POLICY HAS BEEN RETIRED


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**POLICY:**

**BACKGROUND:**

Diabetic neuropathy is a common complication of diabetes, in which nerves are damaged as a result of high blood sugar levels (hyperglycemia). Some people with diabetes will not develop nerve damage, while others may develop this condition early. On average, symptoms begin 10 to 20 years after the diabetes diagnosis. Approximately 50% of people with diabetes will eventually develop nerve damage.

People with diabetes can, over time, develop nerve damage throughout the body. Some people with nerve damage have no symptoms. Others may have symptoms such as pain, tingling, or numbness—loss of feeling—in the hands, arms, feet, and legs. Nerve problems can occur in every organ system, including the digestive tract, heart, and sex organs.

In an attempt to find a cure rather than just palliative therapy for peripheral diabetic neuropathy, in addition to controlling blood sugar, some have attempted surgical decompression of lower extremity peripheral nerves in patients with diabetes to relieve pain and restore sensation. ¹,²

Currently the only studies available to support the effectiveness of this procedure are uncontrolled studies, case reports, case series, or expert opinion. Based on this, the American Academy of Neurology, (AAN) has concluded that surgical decompression for diabetic neuropathy is unproven and stated that prospective, randomized, controlled trials with standard definitions of peripheral neuropathy, functional outcome measures with independent, blinded evaluations are needed to
ascertain the clinical value of this intervention.\textsuperscript{6} A Cochrane report has supported the conclusion of the AAN and Hayes states that “additional well-designed studies are needed to determine the optimal clinical roles of this surgery and its effectiveness.” Until then, Hayes rates this procedure as unproven.\textsuperscript{5,7}

CODING INFORMATION:

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

<table>
<thead>
<tr>
<th>CPT ® CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>64722</td>
<td>Decompression; unspecified nerve(s), (specify)</td>
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<thead>
<tr>
<th>CPT ® CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>64702</td>
<td>Neuroplasty; digital, 1 or both, same digit</td>
</tr>
<tr>
<td>64704</td>
<td>Neuroplasty, nerve of hand or foot</td>
</tr>
<tr>
<td>64708</td>
<td>Neuroplasty, major peripheral nerve, arm or leg, open; other than specified</td>
</tr>
<tr>
<td>64712</td>
<td>Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve</td>
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</tbody>
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Employer Health Programs (EHP) **See Specific Summary Plan Description (SPD)  
Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria  
US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria

PRE-AUTHORIZATION REQUIRED
\textit{Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits}

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>64713</td>
<td>Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus</td>
</tr>
<tr>
<td>64714</td>
<td>Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus</td>
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<tr>
<td>64716</td>
<td>Neuroplasty and/or transposition; cranial nerve (specify)</td>
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<tr>
<td>64718</td>
<td>Neuroplasty and/or transposition; ulnar nerve at elbow</td>
</tr>
<tr>
<td>64719</td>
<td>Neuroplasty and/or transposition; ulnar nerve at wrist</td>
</tr>
<tr>
<td>64721</td>
<td>Neuroplasty and/or transposition; median nerve at carpal tunnel (For arthroscopic procedure, use 29848)</td>
</tr>
<tr>
<td>64726</td>
<td>Decompression; plantar digital nerve</td>
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<tr>
<td>64727</td>
<td>Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis) (Do not report code 69990 in addition to code 64727)</td>
</tr>
</tbody>
</table>

REFERENCES STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

CLINICAL:


HEALTH PLAN:


REGULATORY:


