

# Neurolysis and Nerve Re-Implantation for Pelvic Pain, Surgical 221

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<u>Effective Date</u>	2/2019
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<u>Coverage Policy</u>	Surgical 221
<u>Version</u>	4

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details\*.**

**Purpose:**

This policy addresses the medical necessity of Neurolysis and Nerve Re-Implantation for Pelvic Pain.

**Description & Definitions:**

**Neurolysis and nerve re-implantation for pelvic pain** is a surgical procedure where the scar tissue in the nerve bundles are removed and transplanted to decompress the pudendal nerve between the anus and genitalia.

**Criteria:**

Neurolysis and nerve re-implantation for pelvic pain is considered **not medically necessary** for any indication.

**Coding:**

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
64722	Decompression, unspecified nerve(s) (specify)
64999	Unlisted procedure, nervous system

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

### Revised Dates:

- 2020: January

### Reviewed Dates:

- 2024: June – no changes references updated
- 2023: June
- 2022: June
- 2021: September
- 2020: September

### Effective Date:

- February 2019

## References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023, Sep 21). Retrieved May 29, 2024, from MCG: <https://careweb.careguidelines.com/ed27/index.html>

(2024). Retrieved May 29, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=nerve%20re-implantation&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

(2024). Retrieved May 29, 2024, from National Comprehensive Cancer Network: <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=nerve%20re-implantation>

(2024). Retrieved May 29, 2024, from Hayes - a symplr company: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Nerve%2520reimplantation%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sourc>

(2024). Retrieved May 30, 2024, from Department of Medical Assistance Services - MES Public Portal: <https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=nerve%20reimplantation&gsc.sort=>

(2024). Retrieved May 30, 2024, from Google - Specialty Guideline Search: [https://www.google.com/search?q=Professional+recommendations+for+autologous+nerve+reimplantation+for+pe lvic+pain&safe=strict&sca\\_esv=627549cd271c49f4&sca\\_upv=1&rlz=1C1GCEJ\\_enUS1093US1093&biw=1186&bih=521&sxsrf=ADLYWILx19IZV3\\_U2gCzkvQ7R6sxDkRGoA%3A17170783](https://www.google.com/search?q=Professional+recommendations+for+autologous+nerve+reimplantation+for+pe lvic+pain&safe=strict&sca_esv=627549cd271c49f4&sca_upv=1&rlz=1C1GCEJ_enUS1093US1093&biw=1186&bih=521&sxsrf=ADLYWILx19IZV3_U2gCzkvQ7R6sxDkRGoA%3A17170783)

(2024). Retrieved May 30, 2024, from UpToDate: [https://www.uptodate.com/contents/search?search=nerve%20remove%20and%20replace&sp=0&searchType=PLAIN\\_TEXT&source=USER\\_INPUT&searchControl=TOP\\_PULLDOWN&autoComplete=false](https://www.uptodate.com/contents/search?search=nerve%20remove%20and%20replace&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&autoComplete=false)

## Special Notes: \*

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

**Keywords:**

Neurolysis and Nerve Re-Implantation for Pelvic Pain, SHP Surgical 215, perineal branches of the pudendal nerve, PBPN, obturator internus muscle, laparoscopic pudendal nerve decompression, LaPND