

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

34. Neurolysis/Nerve Suture: S5D2.14

1. Name of the Procedure: Neurolysis/Nerve Suture

2. Indication: Neurotmesis, Axonotmesis

3. Does the patient have

a. Loss of muscle power: Yes/No

AND

b. Loss of sensation: Yes/No

AND

c. Loss of function: Yes/No

4. If the answer to either question 3a AND/OR 3b AND/OR 3c is Yes then is the patient having evidence of neurolysis on EMG/Nerve Conduction Study: Yes/No (Upload Report)

5. If the answer to question 4 is Yes then is the nerve injury old: Yes/No

For eligibility for Nerve Repair With Grafting, the answer to 5a AND 5b must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
