



POLICY INFORMATION

Policy Number:	POL-PP-295 AHS – M2112 – Nerve Fiber Density Testing	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER
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LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL
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¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies
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Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140
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In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Nerve fiber density testing involves analysis of skin biopsy stained with an antibody to antiprotein gene product 9.5 (Wilkinson et al., 1989) which avidly stains all axons (Dalsgaard et al., 1989). The number and morphology of axons within the epidermis are evaluated to determine epidermal nerve fiber density (McCarthy et al., 1995) and assess for the presence and degree of neuropathy (Smith & Gibson, 2024)

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

For the diagnosis of small-fiber neuropathy, epidermal nerve fiber density measurement from a skin biopsy **may be reimbursed** when **all** of the following conditions are met:

- An individual presents with symptoms of painful sensory neuropathy;
- There is no history of a disorder known to predispose to painful neuropathy (e.g., diabetic neuropathy, toxic neuropathy, HIV neuropathy, celiac neuropathy, inherited neuropathy).
- Physical examination shows no evidence of findings consistent with large-fiber neuropathy, such as reduced or absent muscle-stretch reflexes or reduced proprioception and vibration sensation.
- Electromyography and nerve-conduction studies are normal and show no evidence of large-fiber neuropathy.

For all other situations not described above, epidermal nerve fiber density measurement from a skin biopsy **may not be reimbursed**.

Measurement of sweat gland nerve fiber density **may not be reimbursed**.

Coding

CPT	Code Description
88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
88346	Immunofluorescence, per specimen; initial single antibody stain procedure
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
88356	Morphometric analysis; nerve

References and Resources

Avalon Medical Policy AHS – M2112 – Nerve Fiber Density Testing



Related Documents

Policy Number	Policy Title
N/A	

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version