Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

# Laboratory: Nerve Fiber Density Testing

Effective date: Nov. 1, 2025

**Applies to:**

**Commercial Products**

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

**Public Plans Products**

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

**Senior Products**

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

## Policy

Nerve fiber density testing involves analysis of skin biopsy stained with an antibody to antiprotein gene product 9.5, which avidly stains all axons. The number and morphology of axons within the epidermis are evaluated to determine epidermal nerve fiber density and assess for the presence and degree of neuropathy.

## Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request. Specifications pertaining to Medicare and Medicaid can be found in the "Applicable State and Federal Regulations" section of this policy document.

1. For the diagnosis of small-fiber neuropathy, epidermal nerve fiber density measurement from a skin biopsy **MEETS COVERAGE CRITERIA** when all of the following conditions are met:
   a. An individual presents with symptoms of painful sensory neuropathy;
   b. 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);
   c. 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;
   d. Electromyography and nerve-conduction studies are normal and show no evidence of large-fiber neuropathy.
2. For all other situations not described above, epidermal nerve fiber density measurement from a skin biopsy **DOES NOT MEET COVERAGE CRITERIA**.
3. Measurement of sweat gland nerve fiber density **DOES NOT MEET COVERAGE CRITERIA**.

## Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

**Coding**

| 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) |

| Code | Description |
|---|---|
| 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 |

## Evidence-based Scientific References


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## Publication History

03/01/2026: Annual review; administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

## Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.