

2023

# REIMBURSEMENT GUIDE

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Axonics® System for Sacral Neuromodulation  
Overactive Bladder | Urinary Retention | Fecal Incontinence



# TABLE OF CONTENTS

REIMBURSEMENT RESOURCES.....	3
IMPLANT, REMOVAL/REVISIONS GUIDANCE .....	4
Facility (Outpatient and ASC).....	4
Physician.....	6
PROGRAMMING.....	7
Facility (Outpatient and ASC).....	7
Physician.....	8
CPT MODIFIERS.....	9
ICD-10-CM DIAGNOSIS CODES .....	9
HCPCS LEVEL II CODES.....	10

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Axonics recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage, and payment matters.

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# REIMBURSEMENT RESOURCES

We offer several resources to providing information related to coding, coverage, and payment for sacral neuromodulation and urethral bulking therapies.

**Sacral Neuromodulation Reimbursement Overview by Setting**  
**2022 Average Unadjusted National Medicare Rates**

**Office Payment Rates**

Procedure	CPT Code	Units/Duration	Other*	Work RVU's
Bulk™ urethral bulking agent	6149	10 minutes, one urethral bulking agent		\$100
Bulk™ urethral bulking agent	6150	10 minutes, two urethral bulking agents		\$117

**Hospital Outpatient Payment Rates**

Procedure	CPT Code	Units/Duration	Major Code	Work RVU's	Payment	Payment	Payment	Work RVU's
Bulk™ urethral bulking agent	6149	10 minutes, one urethral bulking agent	5002	\$2,175	88%	\$1,915	0.58	
Bulk™ urethral bulking agent	6150	10 minutes, two urethral bulking agents	5002	\$2,361	83%	\$1,959	0.55	

**2023 SNM Reimbursement Overview**

**Bulkamid® Urethral Bulking Agent**  
**2022 Coding and Reimbursement Guide**  
**Average Unadjusted National Medicare Rates**

**Office Payment Rates**

CPT Code	Code Description	Payment*	Max. Billing	Max. RVU's
6176	Injection, bulking agent of hyaluronic acid, for urethral bulking agent	\$177	\$177	2.00


**Hospital Outpatient Payment Rates**

CPT Code	Code Description	APC Code	Payment*	Payment	Work RVU's	Work RVU's
6176	Injection, bulking agent of hyaluronic acid, for urethral bulking agent	5002	\$2,361	\$1,959	0.55	0.50

**2023 Bulkamid Reimbursement Overview**

**2023 REIMBURSEMENT GUIDE**

**Axonics® System for Sacral Neuromodulation**  
**Overactive Bladder | Urinary Retention | Fecal Incontinence**



**2023 SNM Coding & Reimbursement Guide**

**2023 CODING & REIMBURSEMENT FREQUENTLY ASKED QUESTIONS (FAQ)**

**Axonics® System for Sacral Neuromodulation**  
**Overactive Bladder | Urinary Retention | Fecal Incontinence**



**2023 SNM Frequently Asked Questions (FAQ)**

## Axonics Reimbursement Support Center

Email: [reimbursement@axonics.com](mailto:reimbursement@axonics.com) Phone: 1 (877) 228-7760 (Messages only) Fax: 1 (949) 333-1573

Please allow 24 hours for a response.

# IMPLANT, REMOVAL / REVISION GUIDANCE

## Electrode Array Implant (64561, 64581)

- Report CPT 64561 for either a temporary or permanent lead. (CPT updated Guidance in 2019)
- CPT 64581 descriptor was revised from “Incision for implantation” to “Open implantation” (Effective January 1, 2022)
- Report either CPT 64561 or 64581 *based on the surgical approach* (open or percutaneous)
- The selection of the CPT code is not based on the type of lead placed (temporary or permanent)
- Either CPT 64561 or CPT 64581 may be reported in conjunction with CPT 64590
- Do not report fluoroscopy separately with 64561. Imaging guidance is included in the descriptor

## Facility Reimbursement

CPT® Code	Description	Hospital Outpatient			Ambulatory Surgery Center	
		CAPC	Medicare National Avg Payment	SI	Medicare National Avg Payment	PI
Electrode and Pulse Generator Implant						
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including imaging guidance, if performed	5462	\$6,604	J1	\$4,989	J8
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	5462	\$6,604	J1	\$5,328	J8
64590	Insertion or replacement of peripheral or gastric neurostimulator or receiver, direct to inductive coupling	5464	\$21,515	J1	\$19,333	J8
Revision or Removal						
64585	Revision or removal of peripheral neurostimulator electrode array	5461	\$3,248	J1	\$1,816	A2
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	5461	\$3,248	J1	\$2,340	J8

## Outpatient Hospital Payment Example

Procedure	CPT® Code	Short Descriptor	Hospital C-APC	Hospital OP Facility Payment <sup>2</sup>
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	5462	\$6,604
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	5462	\$6,604
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous) OR	packaged	\$21,515
	64581	Implant neuroelectrodes (open)		
	64590	Inst/Redo PN/Gastr stimulator	5464*	
	76000	Fluoroscopy <1HR Phys/QHP	packaged	
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous) OR	5462*	\$6,604
	64581	Implant neuroelectrodes (open)		
	76000	Fluoroscopy <1HR Phys/QHP	5523	
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	5464*	\$21,515

\*Total payment for all services reported is based on the primary procedure in the C-APC.

## Ambulatory Surgery Center (ASC) Payment Example

Procedure	CPT® Code	Short Descriptor	ASC Payment Indicator	ASC Facility Payment <sup>2</sup>
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	J8	\$4,989
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	J8	\$9,978
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous) OR	J8	\$4,989
	64581	Implant neuroelectrodes (open)	J8	\$5,328
	64590	Inst/Redo PN/Gastr stimulator	J8	\$19,333
	76000	Fluoroscopy <1HR Phys/QHP	Z3	\$27
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous) OR	J8	\$4,989
	64581	Implant neuroelectrodes (open)	J8	\$5,238
	76000	Fluoroscopy <1HR Phys/QHP	Z3	\$27
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	J8	\$19,333

### \*ASC Payment Indicators:

**J8** Device-intensive procedure; paid at adjusted rate

**A2** Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.

**Z3** Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS non-facility PE RVUs

### \*OPPS Status Indicators:

**Status Indicator: JI** Hospital Part B Services Paid Through a Comprehensive APC (C-APC)

NOTE: Assignment of a CPT® procedure code to a C-APCs is considered a primary procedure. All other services and procedures reported on the claim would be considered adjunctive to the primary procedure. CMS will make a single APC payment for the entire hospital outpatient encounter. There is no additional payment for the adjunctive services or procedures. When procedures performed in an episode of care map to multiple C-APCs, the entire episode will map to the highest paying C-APC.

**Status Indicator: S** Significant Procedure Not Subject to Multiple Procedure Discounting

## Physician Reimbursement

CPT® Code	Description	RVUs				Medicare National Average Payment	
		Global	Work	Non-Facility (Office)	Facility	Non-Facility (Office)	Facility
Electrode and Pulse Generator Implant							
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including imaging guidance, if performed	10	5.44	22.20	8.98	\$752	\$304
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	90	12.2	N/A	19.45	NA	\$659
64590	Insertion or replacement of peripheral or gastric neurostimulator or receiver, direct to inductive coupling	10	2.45	7.87	4.79	\$267	\$162
Revision or Removal							
64585	Revision or removal of peripheral neurostimulator electrode array	10	2.11	7.25	4.26	\$246	\$144
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	10	1.78	6.94	3.79	\$235	\$128

### Physician Payment Example – Facility Setting

Procedure	CPT® Code	Short Descriptor	Physician Modifier	Physician Payment (Facility)
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	NA	\$304
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	-50	\$457
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous) OR	NA	\$304
	64581	Implant neuroelectrodes (open)	NA	\$659
	64590	Inst/Redo PN/Gastr stimulator	-51	\$81
	76000	Fluoroscopy <1HR Phys/QHP	-26	\$16
	95972	Complex Programming	NA	\$41
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous) OR	NA	\$304
	64581	Implant neuroelectrodes (open)	NA	\$659
	76000	Fluoroscopy <1HR Phys/QHP	-26	\$16
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	-58	\$162
	95972	Complex Programming	NA	\$41
Programming	95971	Simple Programming	NA	\$39
	95972	Complex Programming	NA	\$41

### Physician Payment Example – Non-Facility (Office)

Procedure	CPT® Code	Short Descriptor	Physician Modifier	Physician Payment
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	NA	\$752
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	-50	\$1,129

# PROGRAMMING

## Reporting Instructions (95970-95972)

### Programming

- Simple programming includes adjustment of one to three parameter(s)
- Complex programming includes adjustment of more than three parameters
- Single parameter that is adjusted two or more times during a programming session counts as one parameter
- Electronic analysis of a device (95970) is not reported separately at the time of implantation

### Facility Reimbursement

CPT® Code	Description	Hospital Outpatient			Ambulatory Surgery Center	
		CAPC	Medicare National Avg Payment	SI	Medicare National Avg Payment	PI
Programming						
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	5734	\$116	S	NA	NA
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	5742	\$100	S	NA	NA
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	5742	\$100	S	NA	NA

## Physician Reimbursement

CPT® Code	Description	RVUs				Medicare National Average Payment	
		Global	Work	Non-Facility (Office)	Facility	Non-Facility (Office)	Facility
Programming							
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	xx	0.35	0.56	0.55	\$19	\$18
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	xx	0.78	1.42	1.15	\$48	\$39
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	xx	0.8	1.68	1.2	\$57	\$41



# CPT® MODIFIERS

CPT® Modifiers	
-26	Professional Component
-50	Bilateral Procedures
-51	Multiple Procedures
-53	Discontinued Procedure
-58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
-59	Distinct Procedural Service
-73	Discontinued Outpatient Procedure Prior to Anesthesia Administration (Facility Reporting Only)
-74	Discontinued Outpatient Procedure After Anesthesia Administration (Facility Reporting Only)

## ICD-10-CM DIAGNOSES

ICD-10-CM diagnosis codes are used by providers to report patient conditions. List all diagnoses on the claim form and code to the highest available level of specificity based on the documentation in the patient's medical record. The following ICD-10-CM codes describe conditions commonly treated with the Axonics System. Other codes may apply based on the patient condition. For a complete list of codes and descriptions, consult the current ICD-10-CM manual.

### ICD-10-CM Codes

Overactive Bladder or Urinary Retention	ICD-10-CM and Description
N32.81	Overactive bladder
N39.41	Urge incontinence
R33.8	Other retention of urine
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R39.14	Feeling of incomplete bladder emptying
Fecal Incontinence	ICD-10-CM and Description
R15.9	Full incontinence of feces
Device Adjustment and Management	ICD-10-CM and Description
Z45.42	Encounter for adjustment and management of neuropacemaker (brain) (peripheral nerve) (spinal cord)

# HCPCS LEVEL II CODES

HCPCS Level II Codes are alphanumeric codes that describe products, supplies, and services not included as part of the CPT® Code system. HCPCS contains a category of “C” codes that are billed on Medicare claims for the Hospital Outpatient Prospective Payment System (HOPPS) for specific device-dependent procedures. Hospital chargemasters are list these codes for identification/costs.

Private payers may use C codes or Durable Medical Equipment Prosthetic and Orthotic (DMEPOS) HCPCS codes to identify devices.

## Medicare Device C Codes for Hospital Outpatient Reporting

C- Code	Descriptor
<b>C1897</b>	Lead, neurostimulator test kit (implantable)
<b>C1778</b>	Lead, neurostimulator (implantable)
<b>C1820</b>	Generator, neurostimulator (implantable), with rechargeable battery and charging system
<b>C1767</b>	Generator, neurostimulator (implantable), non-rechargeable
<b>C1787</b>	Patient Programmer, neurostimulator
<b>C1894</b>	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser
<b>C1883</b>	Adaptor/extension, pacing lead or neurostimulator or lead (implantable)

## DMEPOS Codes

C- Code	Descriptor
<b>A4290</b>	Sacral nerve stimulation test lead, each
<b>L8679</b>	Implantable neurostimulator, pulse generator, any type
<b>L8680</b>	Implantable neurostimulator electrode, each
<b>L8685</b>	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
<b>L8681</b>	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
<b>L8689</b>	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only

Check with private payers if the “L” or “C” HCPCS codes are applicable.

**Sources:**

Calendar Year 2023 Medicare Outpatient Prospective Payment System, Final Rule [CMS-1772-FC], Federal Register, November 1, 2022 and its associated addenda posted on the Centers for Medicare and Medicaid Services (CMS) web site on November 2, 2022.

Updated Conversion Factor \$33.8872. 2023 National Physician Fee Schedule Relative Value File January Release, November 2, 2022.

Medicare payment allowable rates shown above do not reflect the automatic payment cuts required under the sequestration process of the 2011 Budget Control Act. Calendar Year 2022 Medicare Physician Fee Schedule, Final Rule [CMS-1770-F], Federal Register, November 1, 2022, posted on the CMS website November 2, 2022. No geographic adjustments have been made to the reported payment rates.

2023 ICD-10-CM Professional The complete office code set, Optum 360 2023

2023 AMA CPT 2023 Professional Edition

2023 HCPCS Level II Professional Edition AMA

CPT Assistant October 2021 Volume 31 Issue 10 page 7

## Axonics Reimbursement Support Center

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