

# 2022 REIMBURSEMENT GUIDE

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



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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

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Procedure	CPT Code	Short Description	Other*	Work RVU's
Basic Trial (Unilateral)	64501	Implant neurostimulator (percutaneous)	\$750	5.44
Basic Trial (Bilateral)	64502	Implant neurostimulator (percutaneous)	\$1,127	8.76

Procedure	CPT Code	Short Description	Hospital/OP Facility Payment	Physician Payment	Work RVU's		
Basic Trial (Unilateral)	64501	Implant neurostimulator (percutaneous)	\$432	\$8,295	N/A	\$209	5.44
Basic Trial (Bilateral)	64502	Implant neurostimulator (percutaneous)	\$682	\$8,295	60	\$449	8.76

Procedure	CPT Code	Short Description	ASC Payment Modifier	ASC Facility Payment*	Physician Payment	Physician Payment*	Work RVU's
Basic Trial (Unilateral)	64501	Implant neurostimulator (percutaneous)	JR	\$4,674	N/A	\$209	5.44
Basic Trial (Bilateral)	64502	Implant neurostimulator (percutaneous)	JR	\$7,280	60	\$449	8.76

**Axonics Reimbursement Support Center | Email: reimbursement@axonics.com**

2022 SNM Reimbursement Overview

### Bulkamid® Urethral Bulking Agent

#### 2022 Coding and Reimbursement Guide

#### Average Unadjusted National Medicare Rates

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CPT Code	Code Description	Payment*	Total RVU's*	Work RVU's
51715	Endoscopic injection of implant material into urethra under bladder neck	\$217	16.79	3.73

HCPCS Code	Code Description	Payment
L8006	Injectable bulking agent, synthetic, 1 mL syringe	\$166

CPT Code	Code Description	ASC Payment Modifier	ASC Facility Payment*	Physician Payment	Physician Payment*	Total RVU's*	Work RVU's
51715	Endoscopic injection of implant material into urethra under bladder neck	JR	\$1,916	\$156	0.03	3.73	

HCPCS Code	Code Description	Payment
L8007	Injectable bulking agent, synthetic, 1 mL syringe	N/A (unpackaged)

**ICD-10 CM Diagnosis Codes**


ICD-10 CM Code	Code Description
N50.0, N50.1, N50.2	Organic erectile dysfunction
N50.81*	Injectable urethral bulking agent

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2022 Bulkamid Reimbursement Overview

### 2022 REIMBURSEMENT GUIDE

Axonics® System for Sacral Neuromodulation  
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**Axonics**

2022 SNM Coding & Reimbursement Guide

### 2022 CODING & REIMBURSEMENT FREQUENTLY ASKED QUESTIONS (FAQ)

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



**Axonics**

2022 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
<b>Electrode and Pulse Generator Implant</b>						
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including imaging guidance, if performed	5462	\$6,295	J1	\$4,674	J8
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	5462	\$6,295	J1	\$4,947	J8
64590	Insertion or replacement of peripheral or gastric neurostimulator or receiver, direct to inductive coupling	5464	\$20,913	J1	\$18,433	J8
<b>Revision or Removal</b>						
64585	Revision or removal of peripheral neurostimulator electrode array	5461	\$3,346	J1	\$1,876	A2
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	5461	\$3,346	J1	\$2,998	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	\$6,295
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	5462	\$6,295
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous) OR	packaged	\$20,913
	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*	\$6,295
	64581	Implant neuroelectrodes (open)		
	76000	Fluoroscopy <1HR Phys/QHP	5523	
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	5464*	\$20,913

\*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	\$4,674
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	J8	\$9,348
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous) OR	J8	\$4,674
	64581	Implant neuroelectrodes (open)	J8	\$4,947
	64590	Inst/Redo PN/Gastr stimulator	J8	\$18,433
	76000	Fluoroscopy <1HR Phys/QHP	Z3	\$28
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous) OR	J8	\$4,647
	64581	Implant neuroelectrodes (open)	J8	\$4,947
	76000	Fluoroscopy <1HR Phys/QHP	Z3	\$28
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	J8	\$18,433

### \*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: J1** 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	22.57	8.91	\$781	\$308
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	90	12.2	N/A	19.32	NA	\$669
64590	Insertion or replacement of peripheral or gastric neurostimulator or receiver, direct to inductive coupling	10	2.45	7.90	4.73	\$273	\$164
Revision or Removal							
64585	Revision or removal of peripheral neurostimulator electrode array	10	2.11	7.33	4.22	\$254	\$146
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	10	1.78	6.96	3.73	\$241	\$129

### Physician Payment Example – Facility Setting

Procedure	CPT® Code	Short Descriptor	Physician Modifier	Physician Payment (Facility)
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	NA	\$308
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	-50	\$463
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous)	NA	\$308
	64581	Implant neuroelectrodes (open) OR	NA	\$669
	64590	Inst/Redo PN/Gastr stimulator	-51	\$82
	76000	Fluoroscopy <1HR Phys/QHP	-26	\$16
	95972	Complex Programming	NA	\$41
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous)	NA	\$308
	64581	Implant neuroelectrodes (open) OR	NA	\$669
	76000	Fluoroscopy <1HR Phys/QHP	-26	\$16
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	-58	\$164
	95972	Complex Programming	NA	\$41
Programming	95971	Simple Programming	NA	\$39
	95972	Complex Programming	NA	\$40

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

Procedure	CPT® Code	Short Descriptor	Physician Modifier	Physician Payment
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	NA	\$781
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	-50	\$1,172

# 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	\$115	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	\$103	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	\$103	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	1.44	1.17	\$50	\$40
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	1.65	1.19	\$57	\$40



# 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 2022 Medicare Outpatient Prospective Payment System, Final Rule [CMS-1753-FC], Federal Register, November 16, 2021 and its associated addenda posted on the Centers for Medicare and Medicaid Services (CMS) web site on November 22, 2021.

Updated Conversion Factor \$34.6062. 2022 National Physician Fee Schedule Relative Value File January Release, December 16, 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-1751-F], Federal Register, November 19, 2021, posted on the CMS website November 22, 2021. No geographic adjustments have been made to the reported payment rates.

2022 ICD-10-CM Professional The complete office code set, Optum 360 2022

2022 AMA CPT 2022 Professional Edition

2022 HCPCS Level II Professional Edition AMA

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Phone: 1 (877) 228-7760 (Messages only)

Fax: 1 (949) 333-1573

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