

# 2025

# 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 provide 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

2022 Average Unadjusted National Medicare Rates

Office Payment Rates

Procedure	CPT Code	Units/Duration	Office <sup>1</sup>	Work RVU <sup>2</sup>
Block 1st 15min	6344	15min	\$250	0.16
Block 7th 15min	6345	15min	\$137	0.18

Hospital Outpatient Payment Rates

Procedure	CPT Code	Units/Duration	Major D/CAT	Inpatient Rate <sup>3</sup>	Outpatient Rate <sup>4</sup>	Private Inpatient Rate <sup>5</sup>	Private Outpatient Rate <sup>6</sup>	Work RVU <sup>2</sup>
Block 1st 15min	6344	15min	5000	\$2,391	39%	\$1,218	0.48	
Block 7th 15min	6345	15min	5002	\$2,365	63	\$118	0.18	

Urethral Bulking Agent

Office Payment Rates

CPT Code	Code Description	Payment <sup>1</sup>	Units	Work RVU <sup>2</sup>
6376	Urethral bulking agent, intracavitary, 1st 15 min	\$277	0.22	0.22

Hospital Outpatient Payment Rates

CPT Code	Code Description	OPC Rate <sup>3</sup>	Private Inpatient Rate <sup>4</sup>	Total OPC <sup>5</sup>	Work RVU <sup>2</sup>
6376	Urethral bulking agent, intracavitary, 1st 15 min	\$277	\$1,218	\$1,495	0.76

Anti-Bulking Surgery Center Payment Rates

CPT Code	Code Description	Payment <sup>1</sup>	Private Inpatient Rate <sup>4</sup>	Total OPC <sup>5</sup>	Work RVU <sup>2</sup>
6376	Urethral bulking agent, intracavitary, 1st 15 min	\$277	\$1,218	\$1,495	0.76

ICD-10 CM Diagnosis Codes

ICD-10 CM	Diagnosis Code	Code Description
N50.01	N50.01	Essential hypertension, 1st stage

2025 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 <sup>1</sup>	Units	Work RVU <sup>2</sup>
6376	Urethral bulking agent, intracavitary, 1st 15 min	\$277	0.22	0.22

Hospital Outpatient Payment Rates

CPT Code	Code Description	OPC Rate <sup>3</sup>	Private Inpatient Rate <sup>4</sup>	Total OPC <sup>5</sup>	Work RVU <sup>2</sup>
6376	Urethral bulking agent, intracavitary, 1st 15 min	\$277	\$1,218	\$1,495	0.76

Anti-Bulking Surgery Center Payment Rates

CPT Code	Code Description	Payment <sup>1</sup>	Private Inpatient Rate <sup>4</sup>	Total OPC <sup>5</sup>	Work RVU <sup>2</sup>
6376	Urethral bulking agent, intracavitary, 1st 15 min	\$277	\$1,218	\$1,495	0.76

ICD-10 CM Diagnosis Codes

ICD-10 CM	Diagnosis Code	Code Description
N50.01	N50.01	Essential hypertension, 1st stage

2025 Bulkamid Reimbursement Overview

**2025 REIMBURSEMENT GUIDE**

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2025 SNM Coding & Reimbursement Guide

**2025 CODING & REIMBURSEMENT FREQUENTLY ASKED QUESTIONS (FAQ)**

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

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2025 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)

- Report CPT 64561 for either a temporary or permanent lead placed percutaneously. (CPT updated Guidance in 2019)
- Report CPT 64561 *based on the surgical approach* (percutaneous)
- The selection of the CPT code is not based on the type of lead placed (temporary or permanent)

## 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	\$6,563	J1	\$5,218	J8
64590	Insertion or replacement of peripheral or gastric neurostimulator or receiver, direct to inductive coupling	5464	\$21,444	J1	\$19,672	J8
Revision or Removal						
64585	Revision or removal of peripheral neurostimulator electrode array	5461	\$3,439	J1	\$1,944	A2
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	5461	\$3,439	J1	\$1,944	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	\$6,563
Basic Trial (Bilateral)	64561 -50	Implant neuroelectrodes (percutaneous)	5462	\$6,563
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous)	packaged	\$21,444
	64590	Inst/Redo PN/Gastr stimulator	5464*	
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous)	5462*	\$6,563
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	5464*	\$21,444

\*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 Payment²
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	J8	\$5,218
Basic Trial (Bilateral)	64561 -50	Implant neuroelectrodes (percutaneous)	J8	\$10,436
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous) OR	J8	\$5,218
	64590	Inst/Redo PN/Gastr stimulator	J8	\$19,672
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous) OR	J8	\$5,218
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	J8	\$19,672

### 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	21.41	9.09	\$693	\$294
64590	Insertion or replacement of peripheral or gastric neurostimulator or receiver, direct to inductive coupling	10	5.1	12.43	8.87	\$402	\$287
Revision or Removal							
64585	Revision or removal of peripheral neurostimulator electrode array	10	2.11	7.18	4.35	\$232	\$141
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	10	3.79	10.11	6.94	\$327	\$224

### Physician Payment Example – Facility Setting

Procedure	CPT® Code	Short Descriptor	Physician Modifier	Physician Payment (Facility)
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	NA	\$294
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	-50	\$441
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous)	NA	\$294
	64590	Inst/Redo PN/Gastr stimulator	-51	\$146
	95972	Complex Programming	NA	\$38
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous)	NA	\$294
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	-58	\$287
	95972	Complex Programming	NA	\$38
Programming	95971	Simple Programming	NA	\$37
	95972	Complex Programming	NA	\$38

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

Procedure	CPT® Code	Short Descriptor	Physician Modifier	Physician Payment
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	NA	\$693
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	-50	\$1,040



# PROGRAMMING

## Reporting Guidance (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	\$129	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	\$92	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	\$92	S	NA	NA

## Physician Reimbursement

CPT® Code	Description	RVUs				Medicare National Average Payment	
		Global	Work	Non-Facility	Facility	Non-Facility	Facility
				(Office)		(Office)	
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	\$18	\$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	1.43	1.15	\$46	\$37
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	1.70	1.18	\$55	\$38



# 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)

## POSSIBLE 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

<b>Overactive Bladder or Urinary Retention</b>	<b>ICD-10-CM and Description</b>
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
<b>Fecal Incontinence</b>	<b>ICD-10-CM and Description</b>
R15.9	Full incontinence of feces
<b>Device Adjustment and Management</b>	<b>ICD-10-CM and Description</b>
Z45.42	Encounter for adjustment and management of neuropacemaker (brain) (peripheral nerve) (spinal cord)

# HCPCS LEVEL II CODING GUIDANCE

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

## DMEPOS Codes

C- Code	Descriptor
A4290	Sacral nerve stimulation test lead, each
L8679	Implantable neurostimulator, pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8689	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 2025 Medicare Outpatient Prospective Payment System, Final Rule [CMS-1809-FC], Federal Register, November 1, 2024 and its associated addenda posted on the Centers for Medicare and Medicaid Services (CMS) web site on November 1, 2024.

Updated Conversion Factor \$32.3465. 2025 National Physician Fee Schedule Relative Value File January Release, November 1, 2024.

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 2025 Medicare Physician Fee Schedule, Final Rule [CMS-1807-F], Federal Register, November 1, 2024, posted on the CMS website. No geographic adjustments have been made to the reported payment rates.

2025 ICD-10-CM Professional. The complete office code set, Optum 360

2025 2025 AMA CPT 2025 Professional Edition

2025 HCPCS Level II Professional Edition AMA

CPT Assistant October 2021 Volume 31 Issue 10 page 7

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