

# 2024 REIMBURSEMENT GUIDE

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



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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

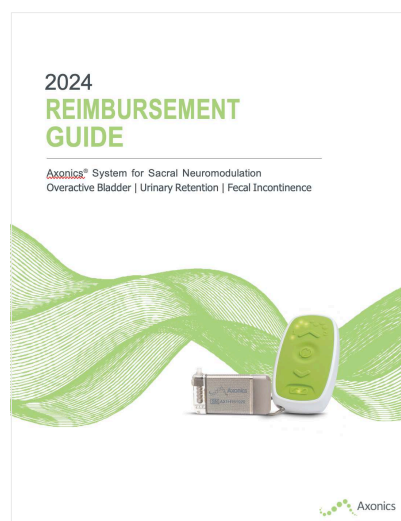
We offer several resources to provide information related to coding, coverage, and payment for sacral neuromodulation and urethral bulking therapies.

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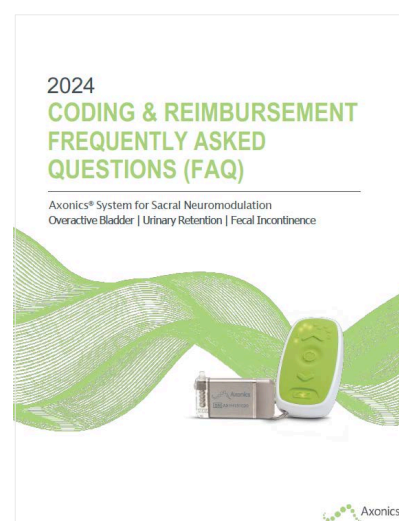
## 2024 SNM Reimbursement Overview

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## 2024 Bulkamid Reimbursement Overview



2024 SNM Coding &amp; Reimbursement Guide



## 2024 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

		Hospital Outpatient		Ambulatory Surgery Center		
CPT® Code	Description	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	\$6,523	J1	\$5,041	J8
64590	Insertion or replacement of peripheral or gastric neurostimulator or receiver, direct to inductive coupling	5464	\$20,865	J1	\$19,007	J8
Revision or Removal						
64585	Revision or removal of peripheral neurostimulator electrode array	5461	\$3,245	J1	\$1,898	A2
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	5461	\$3,245	J1	\$1,898	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	\$6,523
Basic Trial (Bilateral)	64561 -50	Implant neuroelectrodes (percutaneous)	5462	\$6,523
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous)	packaged	\$20,865
	64590	Inst/Redo PN/Gastr stimulator	5464*	
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous)	5462*	\$6,523
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	5464*	\$20,865

\*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	\$5,041
Basic Trial (Bilateral)	64561 -50	Implant neuroelectrodes (percutaneous)	J8	\$10,082
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous) OR	J8	\$5,041
	64590	Inst/Redo PN/Gastr stimulator	J8	\$19,007
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous) OR	J8	\$5,041
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	J8	\$19,007

### 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

		RVUs				Medicare National Average Payment	
CPT® Code	Description	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	22.01	9.06	\$720	\$297
64590	Insertion or replacement of peripheral or gastric neurostimulator or receiver, direct to inductive coupling	10	5.1	13.27	8.83	\$435	\$289
Revision or Removal							
64585	Revision or removal of peripheral neurostimulator electrode array	10	2.11	7.28	4.33	\$238	\$142
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	10	3.79	10.94	6.89	\$358	\$226

### Physician Payment Example – Facility Setting

Procedure	CPT® Code	Short Descriptor	Physician Modifier	Physician Payment (Facility)
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	NA	\$297
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	-50	\$446
Full Implant (System)	64561	Implant neuroelectrodes (percutaneous)	NA	\$297
	64590	Inst/Redo PN/Gastr stimulator	-51	\$146
	95972	Complex Programming	NA	\$39
Advanced Trial (Stage 1)	64561	Implant neuroelectrodes (percutaneous)	NA	\$297
INS Implant (Stage 2)	64590	Inst/Redo PN/Gastr stimulator	-58	\$289
	95972	Complex Programming	NA	\$39
Programming	95971	Simple Programming	NA	\$38
	95972	Complex Programming	NA	\$39

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

Procedure	CPT® Code	Short Descriptor	Physician Modifier	Physician Payment
Basic Trial (Unilateral)	64561	Implant neuroelectrodes (percutaneous)	NA	\$720
Basic Trial (Bilateral)	64561	Implant neuroelectrodes (percutaneous)	-50	\$1,080



# 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

		Hospital Outpatient			Ambulatory Surgery Center	
CPT® Code	Description	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	\$122	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

		RVUs				Medicare National Average Payment	
CPT® Code	Description	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	0.54	\$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	1.44	1.15	\$47	\$38
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	1.19	\$56	\$3



# 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

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 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 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 2024 Medicare Outpatient Prospective Payment System, Final Rule [CMS-1786-FC], Federal Register, November 2nd, 2023 and its associated addenda posted on the Centers for Medicare and Medicaid Services (CMS) web site on November 2nd, 2023.

Updated Conversion Factor \$32.7442. 2024 National Physician Fee Schedule Relative Value File January Release, November 2, 2023.

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 2024 Medicare Physician Fee Schedule, Final Rule [CMS-1784-F], Federal Register, November 2, 2023, posted on the CMS website November 2nd, 2023.. No geographic adjustments have been made to the reported payment rates.

2024 ICD-10-CM Professional The complete office code set, Optum 360 2024

2024 AMA CPT 2024 Professional Edition

2024 HCPCS Level II Professional Edition AMA

CPT Assistant October 2021 Volume 31 Issue 10 page 7

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