

2022 REIMBURSEMENT GUIDE

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



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Accordingly, Axonics strongly recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage and payment matters and before using the information in this Guide.

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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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Office Payment Rates

| Procedure | CPT Code | Short Description | Other* | Work RVU's |
|--------------------------|----------|---|---------|------------|
| Basic Trial (Unilateral) | 63501 | Implant neurostimulation (percutaneous) | \$750 | 5.44 |
| Basic Trial (Bilateral) | 63502 | Implant neurostimulation (percutaneous) | \$1,127 | 8.76 |

Hospital Outpatient Payment Rates

| Procedure | CPT Code | Short Description | Hospital/OPAC† | Month/OP Facility† | Prevalence Multiplier | Prevalence Payment† | Work RVU's |
|---------------------------|----------|--|----------------|--------------------|-----------------------|---------------------|------------|
| Basic Trial (Unilateral) | 63501 | Implant neurostimulation (percutaneous) | \$482 | \$8,295 | 10A | \$209 | 5.44 |
| Basic Trial (Bilateral) | 63502 | Implant neurostimulation (percutaneous) | \$682 | \$8,295 | 6D | \$449 | 8.76 |
| Full Implant (System) | 64881 | Implant neurostimulation (percutaneous) OR | per packaged | N/A | N/A | \$609 | 12.20 |
| | 64882 | Implant neurostimulation (system) | per packaged | N/A | 61 | \$81 | 1.22 |
| | 64883 | Implant neurostimulation (system) | per packaged | N/A | 61 | \$81 | 1.22 |
| | 64884 | Implant neurostimulation (system) | per packaged | N/A | 26 | \$15 | 0.30 |
| Advanced Trial (Stage II) | 64881 | Implant neurostimulation (percutaneous) OR | \$482 | \$8,295 | N/A | \$609 | 12.20 |
| | 64882 | Implant neurostimulation (system) | \$682 | \$8,295 | 6D | \$449 | 8.76 |
| IRS Implant (Stage II) | 64883 | Implant neurostimulation (system) | \$682 | \$8,295 | 6D | \$449 | 8.76 |

Ambulatory Surgery Center Payment Rates

| Procedure | CPT Code | Short Description | ASC Payment Modifier | ASC Facility Payment† | Prevalence Multiplier | Prevalence Payment† | Work RVU's |
|---------------------------|----------|--|----------------------|-----------------------|-----------------------|---------------------|------------|
| Basic Trial (Unilateral) | 63501 | Implant neurostimulation (percutaneous) OR | J8 | \$4,674 | 10A | \$209 | 5.44 |
| Basic Trial (Bilateral) | 63502 | Implant neurostimulation (percutaneous) OR | J8 | \$6,704 | 6D | \$449 | 8.76 |
| Full Implant (System) | 64881 | Implant neurostimulation (percutaneous) OR | J8 | \$4,674 | 10A | \$609 | 12.20 |
| | 64882 | Implant neurostimulation (system) | J8 | \$4,674 | 61 | \$81 | 1.22 |
| | 64883 | Implant neurostimulation (system) | J8 | \$4,674 | 61 | \$81 | 1.22 |
| | 64884 | Implant neurostimulation (system) | J8 | \$4,674 | 26 | \$15 | 0.30 |
| Advanced Trial (Stage II) | 64881 | Implant neurostimulation (percutaneous) OR | J8 | \$4,674 | N/A | \$609 | 12.20 |
| | 64882 | Implant neurostimulation (system) | J8 | \$6,704 | 6D | \$449 | 8.76 |
| IRS Implant (Stage II) | 64883 | Implant neurostimulation (system) | J8 | \$6,704 | 6D | \$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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Office Payment Rates

| CPT Code | Code Description | Payment† | Total RVU's* | Work RVU's |
|----------|--|----------|--------------|------------|
| 52715 | Endoscopic injection of implant material into urethra under bladder neck | \$217 | 16.79 | 3.73 |

Hospital Outpatient Payment Rates

| CPT Code | Code Description | ASC Payment† | Prevalence Multiplier | Prevalence Payment† | Total RVU's* | Work RVU's |
|----------|--|--------------|-----------------------|---------------------|--------------|------------|
| 52715 | Endoscopic injection of implant material into urethra under bladder neck | \$196 | 63.193 | \$126 | 6.32 | 3.73 |

Ambulatory Surgery Center Payment Rates

| CPT Code | Code Description | Payment† | Prevalence Multiplier | Total RVU's* | Work RVU's |
|----------|--|----------|-----------------------|--------------|------------|
| 52715 | Endoscopic injection of implant material into urethra under bladder neck | \$196 | 63.193 | 6.32 | 3.73 |


ICD-10 CM Diagnosis Codes

| ICD-10 CM Code | Code Description |
|----------------|---|
| N50.00, N50.01 | Organic erectile dysfunction |
| N50.02 | Organic erectile dysfunction (with medical history) |
| N50.03 | Organic erectile dysfunction (with medical history) |

2022 Bulkamid Reimbursement Overview

2022 REIMBURSEMENT GUIDE

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




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2022 SNM Coding & Reimbursement Guide

2022 CODING & REIMBURSEMENT FREQUENTLY ASKED QUESTIONS (FAQ)

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



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2022 SNM Frequently Asked Questions (FAQ)

Axonics Reimbursement Support Center

Email: 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 | \$6,295 | 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 |
| Revision or Removal | | | | | | |
| 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 ² |
|--------------------------|-----------|---|----------------|---|
| 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 ² |
|--------------------------|-----------|---|-----------------------|-----------------------------------|
| Basic Trial (Unilateral) | 64561 | Implant neuroelectrodes (percutaneous) | J8 | \$4,674 |
| Basic Trial (Bilateral) | 65461 | 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 |
|--------------|--|
| 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 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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Axonics Reimbursement Support Center

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Please allow 24 hours for a response.