

Revi



2024 Coding & Reimbursement Guide

Medicare 2024 National Payment

DIAGNOSIS CODING	
N39.41	Urge Incontinence.
R39.15	Urgency of urination.
Z45.42	Encounter for adjustment and management of neurostimulator.

CPT ¹	CPT Description	Physician ²	Hospital Outpatient ³		Ambulatory Surgical Center ³	
			Status Indicator	Payment	Status Indicator	Payment
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (e.g., array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial .	MAC Priced	J1	\$20,843	J8	\$14,130
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial .	MAC Priced	J1	\$3,242	G2	\$1,898

Hospital Part B services Status Indicator J1 and ASC Status Indicators J8/G2: All covered services are packaged and paid through a comprehensive payment amount.

0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction [eg, electrode array and receiver], including contact group[s], amplitude, pulse width, frequency [Hz], on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters .	MAC Priced	N/A	N/A	N/A	N/A
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction [eg, electrode array and receiver], including contact group[s], amplitude, pulse width, frequency [Hz], on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters .	MAC Priced	N/A	N/A	N/A	N/A

HCPCS Codes

Healthcare Common Procedure Coding System (HCPCS)⁴ Level II codes should be reported for all device-intensive procedures performed in the outpatient setting. HCPCS codes are utilized by facilities to report costs associated with supplies. While HCPCS codes do not generally result in additional payment, it is important for facilities to report HCPCS codes for the supply of the device codes for future rate-setting purposes. Private payers should be referenced for specific HCPCS reimbursement and reporting requirements.

In addition to the CPT code for the procedure, facilities should report the following HCPCS indicating the supply of the Revi™ Implantable Tibial Neuromodulation Device:

HCPCS	HCPCS Description
C1767	(Medicare) Generator, neurostimulator (implantable), non-rechargeable.

Category III CPT Codes for Physician and Outpatient Facilities

Physicians and outpatient facilities use Current Procedural Terminology (CPT®) codes to report procedures and services. The American Medical Association has established Category III CPT codes for reporting the subfascial insertion, replacement, revision, and removal of the Revi™ Implantable Tibial Neuromodulation Device. Category III CPT codes are used for emerging technology, services, and procedures, and enable physicians and outpatient facilities to report accurately and provide data on clinical efficacy, utilization, and outcomes.

For physicians, Category III CPT codes are considered Medicare Administrative Contractor (MAC) priced therefore each MAC will assign their own payment rates. Each MAC may establish physician reimbursement on their contractor physician fee schedule or on a per case basis.

Medicare reimburses Hospital Outpatient Departments (HOPDs) for services under the Ambulatory Payment Classification (APC) system. Each CPT code is assigned to an APC based on clinical and resource homogeneity, and each APC is assigned a payment rate in the Outpatient Prospective Payment System (OPPS) as well as a payment Status Indicator. Ambulatory Surgical Centers (ASCs) are reimbursed by Medicare according to a fee schedule assigned to each individual CPT code.

For private payer claims, providers should reference payer guidelines for any specific Category III CPT code billing requirements. Private payers reimburse physicians and outpatient facilities at negotiated/contracted rates.

Physician Reporting of Category III CPT Codes

When reporting Category III CPT codes, physicians can include a crosswalk to a Category I CPT code with an established national payment and Relative Value Units (RVUs) to facilitate reimbursement. This crosswalk procedure should have similar time, physician work and complexity to the procedure performed utilizing the Revi™ Implantable Tibial Neuromodulation Device.

When providing a CPT crosswalk, information submitted with the claim should include:

- A brief statement identifying a comparable procedure CPT code, its Medicare RVUs and payment, along with information outlining the similarities and differences between the procedures and anticipated payment
- Office notes to support medical necessity.
- Operative report detailing the procedure including the time, work, and resources involved.
- A copy of the FDA approval letter and any relevant published clinical literature.
- Additionally, physicians may consider providing a clinical and resource comparison to alternative treatments.

Sample Procedure Description

The patient was positioned appropriately, and the surgical site was prepped and draped in sterile fashion. The site for implantation was marked, prepared, and anesthetized for the subfascial insertion (**CPT 0817T**), or removal and replacement (**CPT 0819T**), of an integrated neurostimulator device (above the ankle for tibial nerve stimulation). The skin was incised, and subcutaneous dissection was performed with blunt and sharp dissection of the underlying fat tissue until the crural fascia was exposed. The crural fascia was divided and the posterior tibial neurovascular bundle was identified. The device was then placed on the neurovascular bundle. The transmitter was then used to perform the intra-operative test until the patient reported paresthesia in the heel, sole of the foot or toe area. The device was sutured to the fascia. The skin and subcutaneous tissues were closed in layers. A sterile, occlusive, and compressive dressing was then applied.

NOTE: BlueWind Medical prepared this procedure description as an example of the Revi™ Implant procedure. Any use of this sample description should be modified to reflect the experience with an individual patient's procedure together and any practices and requirements currently in place at the hospital or clinic. BlueWind Medical does not determine coverage for procedures or services that are provided as it is the hospital or clinic's responsibility to submit appropriate codes and charges.

Sample Revi CMS-1500 Claim Form

1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) () 11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO if yes, complete items 9, 9a, and 9d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request assignment of benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY QUAL _____		15. OTHER DATE MM DD YY QUAL _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) CPT 0817T is similar in work and time to CPT XXXXX		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____ A. N39.41 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO	
28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. Rsvd. for NUCC Use		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____	
32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____		33. BILLING PROVIDER INFO & PH# () a. NPI b. _____	

19
 Category III CPT
 Code Example
 Comments

21A
 Example
 Diagnosis Code

24D
 Example
 Procedure Code
 for Revi

Revi Access

Revi Access, powered by JDL Access, is BlueWind Medical's patient access program designed to support physicians and patients through the insurance coverage process for Revi. Experienced patient advocates work closely with physician offices to facilitate prior authorizations, pre-service appeals, and post-service claims appeals, while providing updates through a HIPAA-compliant platform.

For questions about Revi Access, please contact us at:

Phone: (844)-610-4784

Email: reviaccess@jdlaccess.com

For general reimbursement questions, please email us at:

reimbursement@bluewindmedical.com

Indications for Use:

The Revi System is indicated for the treatment of patients with symptoms of urgency incontinence alone or in combination with urinary urgency.

Contraindications:

- Are unable, or do not have the necessary assistance, to operate the Revi System.
- Are men who have Benign Prostatic Hyperplasia (BPH) or other lower urinary tract obstructions.
- Are implanted with any metallic implant in the immediate area (8 in/20 cm distance) intended for implantation.
- Have nerve damage that could impact treatment.
- Are at high surgical risk or patients with multiple illnesses or active general infections that expose them to excessive bleeding or delayed or non-healing wounds.
- Have known allergies to one of the implant materials (see implant specification on page 65 of the Surgical Technique Guide).
- Are pregnant.
- Have open wounds or sores on the lower leg or foot.
- Had prior surgery in the implant area.
- Had previous, unhealed trauma in the implant area.
- Have pitting edema ($\geq 2+$) in the lower leg.
- Have Venous disease/insufficiency in the lower leg.
- Have Arterial disease/insufficiency in the lower leg.
- Have Vasculitis or dermatologic conditions in the lower leg.
- Have infections near the implantation site in the lower leg.

References:

1. 2024 CPT® Professional Edition. Current Procedural Terminology (CPT®) is copyright 2023 by the American Medical Association, Chicago, IL. CPT is a registered trademark of the American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
2. CMS 1784-F, 2024 Medicare Physician Fee Schedule Final Rule.
3. CMS-1786-CN, 2024 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Final Rule with Correction Notice.
4. 2024 HCPCS Level II Expert. Copyright 2023 AAPC.

The information contained in this guide is presented for illustrative purposes only and is subject to change without notice. BlueWind Medical makes no statement, promise, or guarantee regarding reimbursement nor does this constitute legal advice. It is always the responsibility of the provider to determine if the services provided are accurately described by any specific code(s) and to report services consistent with specific payer requirements. In all cases, services billed must be medically necessary, actually performed as reported and appropriately documented in the medical record. Payer policies vary and should be verified prior to treatment. Payment rates provided are Medicare national unadjusted payments.