2025 CODING AND REIMBURSEMENT GUIDE SURGICAL ENCOUNTER

Vivistim® SYSTEM

MicroTransponder, Inc. offers reimbursement support and prior authorization assistance. Please contact the MicroTransponder Reimbursement Hotline at reimbursement@microtransponder.com.

The Vivistim® Paired VNS™ System is a PMA-approved (P210007), FDA Breakthrough Device (Q210050). The Vivistim® Paired VNS™ System is intended to be used to stimulate the vagus nerve during rehabilitation therapy in order to reduce upper extremity motor deficits and improve motor function in chronic ischemic stroke patients with moderate to severe arm impairment.[1] *This guide is for FDA approved indications only.*

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Vivistim Program Overview

The MicroTransponder® Vivistim® Paired VNS™ System is intended to be used to stimulate the vagus nerve during rehabilitation therapy in order to reduce upper extremity motor deficits and improve motor function in chronic ischemic stroke patients with moderate to severe arm impairment.

Patient selection involves an evaluation by both a physical/occupational therapy provider and a surgeon. Appropriate patient selection is based upon FDA indications for use of the Vivistim® Paired VNS™ System, medical necessity criteria and other clinically relevant factors.

Vivistim® Paired VNS™ Therapy Overview

Upper Extremity Evaluation

- Fugl-Meyer Assessment - Upper Extremity (FMA-UE)
- Assessment of ADLs/IADLs
- Evaluation of sensation, spasticity, other factors

Pre-Surgical Consultation

- History of present illness, medical and evaluation of comorbidities
- Stroke etiology, type and date
- Review of Upper Extremity Evaluation

Prior Authorization (if required)

- Secure prior authorization, predetermination, precertification
- Verify rehabilitation benefits

Surgical Scheduling

- Approximately 60-minute procedure (typically same-day/outpatient surgery)
- Hospital or Ambulatory Surgery Center

Rehabilitation with Paired VNS™

- Establish therapy goals, create plan of care
- Approximately 18 outpatient therapy sessions over 6 weeks
- Patients continue therapy at home, as prescribed

Insertion Procedure

ICD-10-CM Diagnosis Codes

ICD-10-CM Code[2]	ICD-10-CM Description[2]
I69.33	**Monoplegia of upper limb following cerebral infarction**
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
I69.35	**Hemiplegia and hemiparesis following cerebral infarction**
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side

Insertion Procedure Reporting

Describes the insertion of the Vivistim® Paired VNS™ System implantable pulse generator and stimulation lead. For revision, removal, or replacement procedures, see the *Revision, Removal or Replacement Procedures* section.

CPT® Code[3]	Long Description[3]
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

Device Reporting

Report the implantable components of the Vivistim® Paired VNS™ System with the following HCPCS codes.

HCPCS Level II Crosswalk

Item Number	Description	Device Coding		Device Coding (Select Non-Medicare Plans)	
		HCPCS[4]	Description	HCPCS[4]	Description
33-0000-1003	IPG	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
33-0005-0010	Lead 2mm	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	L8680	Implantable neurostimulator electrode, each
33-0005-0011	Lead 3mm	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	L8680	Implantable neurostimulator electrode, each

Physician Coding & Reimbursement

Medicare Physician Fee Schedule Status Indicators (SI), Relative Value Units (RVU) and Payment Amounts.

CPT® Code[3]	Long Description[3]	MPFS SI[5]	MPFS Total RVU[5]	2025 Medicare Physician Payment[5]
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	A	18.35	$593.56

Hospital Outpatient Coding & Reimbursement (Facility)

The Vivistim® Paired VNS™ System was awarded transitional pass-through status by the Centers for Medicare and Medicaid Services (CMS) effective 1/1/2023.[6] The transitional pass-through program provides additional reimbursement to hospitals and ambulatory surgery centers (ASCs) for new technologies that demonstrate a substantial clinical improvement over existing therapies.

CPT®/HCPCS Code[3,4]	Long Description[3,4]	OPPS APC[7]	OPPS Status Indicator[7]
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	5465	J1
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	2039	H

Under the transitional pass-through payment program, claims are reimbursed based on the reported charges for the implantable device. Payments are determined by converting the hospital's charges to costs using the individual hospital's cost-to-charge (CCR) ratio for the cost center "implantable devices charged to patients", if available.

APC Payment for primary procedure (64568) − Device offset amount (64568) + [Hospital charges for Vivistim® Paired VNS System (C1827) × Hospital cost-to-charge ratio (CCR)] = Hospital outpatient payment

Ambulatory Surgery Center Reimbursement

Under the transitional pass-through payment program, ASC claims are reimbursed based on invoices submitted to Medicare Administrative Contractor (MAC) for the implantable device. The invoice price should be entered in item 19 on the CMS-1500 claim form or its electronic equivalent.

ASC Payment for primary procedure (64568) + Device payment rate contractor priced (C1827) = ASC payment amount

Hospital Inpatient Coding & Reimbursement

The Vivistim® Paired VNS System was granted New Technology Add-On Payment (NTAP) by the Centers for Medicare and Medicaid Services (CMS). Beginning on October 1, 2022, hospital inpatient claims for Medicare beneficiaries involving the use of the Vivistim® Paired VNS System are eligible to receive up to $23,400 in additional reimbursement.[8] Please reference the below ICD-10-PCS code when submitting inpatient hospital claims for Medicare beneficiaries beginning on October 1, 2022.

ICD-10-PCS Procedure Coding

The following ICD-10-PCS codes may be reported to describe admissions involving the insertion of the Vivistim® Paired VNS™ System.

ICD-10-PCS Procedure Code[9]	ICD-10-PCS Code Description[9]	Device Component
X0HQ3R8	Insertion of vagus nerve stimulation lead with paired stimulation system, percutaneous approach	Generator & Stimulation Lead

MS-DRG Assignment

The following MS-DRGs are assigned to ICD-10-PCS X0HQ3R8. Note that a concomitant diagnosis which qualifies as either a comorbidity or complication (CC) or a major comorbidity of complication (MCC) may affect final MS-DRG assignment.

MS-DRG[10]	MS-DRG Description[10]
040	Peripheral/Cranial Nerve and Other Nervous System Procedures W/MCC
041	Peripheral/Cranial Nerve and Other Nervous System Procedures W/CC or Peripheral Neurostimulator
042	Peripheral/Cranial Nerve and Other Nervous System Procedures WO/CC or MCC

Revision, Removal and Replacement Procedures

In certain circumstances it may be necessary to perform a revision, removal or replacement of the Vivistim® Paired VNS™ System implantable pulse generator or stimulation lead. These procedures are separately reportable and are provided below.

CPT® Code[3]	Long Description[3]	Procedure Type *Device Component*
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Insertion or Replacement *Generator Only*
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Revision or Removal *Generator Only*
64569	Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Revision or Replacement *Lead Only*
64570	Removal of cranial nerve neurostimulator electrode array and pulse generator	Removal Only *Generator and Lead*

Prior Authorization/Pre-Service Clearance

MicroTransponder has a prior authorization and pre-service clearance support program. Prior authorization is typically required for commercial/private insurances, Medicare Advantage and Medicaid plans. MicroTransponder, Inc. provides prior authorization support services to physician practices and hospitals.

Please contact the MicroTransponder Reimbursement Hotline at reimbursement@microtransponder.com for assistance.

Billing and Claim Submission

Billing and claim submission requirements vary by payer and by State. Medicare billing guidelines require hospitals to accurately report costs for implantable devices. Charges for the Vivistim® Paired VNS™ System implantable components should reflect the hospital's implantable device charging policies and applicable Medicare cost to charge ratio. Implantable devices are reported under revenue code 0278.

Medicare Claim Processing

National Coverage Decision (NCD) 160.18, Vague Nerve Stimulation

National Coverage Decision (NCD) 160.18 Vagus Nerve Stimulation does not apply to claims for the Vivistim® Paired VNS™ System. CMS instructed all Medicare Administrative Contractors (MACs) to bypass NCD 160.18 to allow for coverage outside of NCD on 11/3/2023.[a] CR13991.1 States: "MACs to install bypass edit for CPT C1827 to allow coverage of stroke indication outside NCD at their discretion."

In addition, CMS instructed all Medicare Administrative Contractors (MACs) to reprocess all claims involving the use of C1827, with dates of service back to 1/1/2023. If you receive a denial for a Medicare Fee-for-Service claim, please contact the MicroTransponder Reimbursement Hotline at claims@microtransponder.com for assistance.

Device to Procedure Edits: Hospitals and ASCs need to report the implantable components of the Vivistim® Paired VNS™ System (e.g, HCPCS C1827) to prevent potential device to procedure edits.

[a] Transmittal 12350; Change Request 13391.1. November 3, 2023. NCD 160.18 Vagus Nerve Stimulation (VNS). https://www.cms.gov/files/document/r12350OTN.pdf

Commercial Insurance/Medicare Advantage Claims Submission

Prior authorization is typically required for commercial insurances and Medicare Advantage plans for the insertion of the Vivistim® Paired VNS™ System. Please remember to include the Prior Authorization number on all claims submitted to avoid unnecessary claim denials.

Physician Claim Form (i.e., CMS-1500)

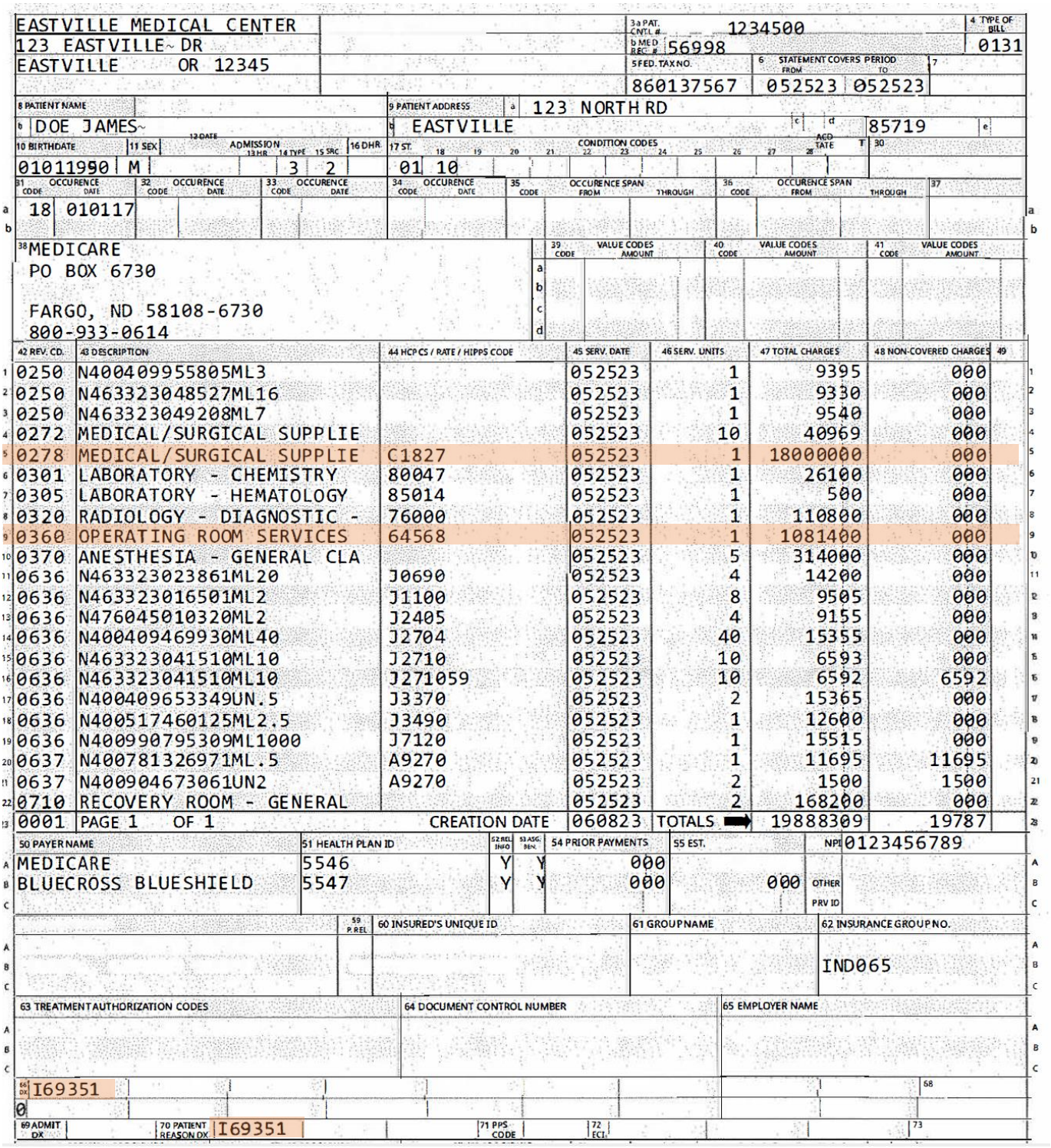
- Paper Claims: Box 23 – Prior Authorization Number
- Electronic Claims: 837P Loop 2300, Segment REF02 (if REF01 is G1)

Hospital Claim Form (i.e., UB-04, CMS-1450)

- Paper Claims: Box 63 (A, B, C) – Treatment Authorization Code(s)
- Electronic Claims: 837I Loop 2300, Segment REF02 (if REF01 is G1)

IMPORTANT:
If you experience a denied claim, underpayment, or receive a remittance advice or explanation of benefits that does not show a fully adjudicated claim, please contact MicroTransponder Reimbursement Support at claims@microtransponder.com for assistance.

Example CMS-1450 (UB04) Claim



EASTVILLE MEDICAL CENTER
123 EASTVILLE~ DR
EASTVILLE OR 12345

3a PAT. CNTL #: 1234500
b MED REC #: 56998
4 TYPE OF BILL: 0131
5 FED. TAX NO.: 860137567
6 STATEMENT COVERS PERIOD: FROM 052523 TO 052523

8 PATIENT NAME: b DOE JAMES~
9 PATIENT ADDRESS: a 123 NORTH RD; b EASTVILLE; c; d; 85719; e
10 BIRTHDATE: 01011950
11 SEX: M
12 DATE
ADMISSION 13 HR: 3 14 TYPE: 2 15 SRC
16 DHR
17 ST: 01
CONDITION CODES 18 10 19 20 21 22 23 24 25 26 27 28
AGD TATE T
30

31 OCCURENCE CODE DATE: a 18 010117; b
32 OCCURENCE CODE DATE
33 OCCURENCE CODE DATE
34 OCCURENCE CODE DATE
35 OCCURENCE SPAN CODE FROM THROUGH
36 OCCURENCE SPAN CODE FROM THROUGH
37

38 MEDICARE
PO BOX 6730
FARGO, ND 58108-6730
800-933-0614

39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0250	N400409955805ML3		052523	1	9395	000	
2	0250	N463323048527ML16		052523	1	9330	000	
3	0250	N463323049208ML7		052523	1	9540	000	
4	0272	MEDICAL/SURGICAL SUPPLIE		052523	10	40969	000	
5	0278	MEDICAL/SURGICAL SUPPLIE	C1827	052523	1	18000000	000	
6	0301	LABORATORY - CHEMISTRY	80047	052523	1	26100	000	
7	0305	LABORATORY - HEMATOLOGY	85014	052523	1	500	000	
8	0320	RADIOLOGY - DIAGNOSTIC -	76000	052523	1	110800	000	
9	0360	OPERATING ROOM SERVICES	64568	052523	1	1081400	000	
10	0370	ANESTHESIA - GENERAL CLA		052523	5	314000	000	
11	0636	N463323023861ML20	J0690	052523	4	14200	000	
12	0636	N463323016501ML2	J1100	052523	8	9505	000	
13	0636	N476045010320ML2	J2405	052523	4	9155	000	
14	0636	N400409469930ML40	J2704	052523	40	15355	000	
15	0636	N463323041510ML10	J2710	052523	10	6593	000	
16	0636	N463323041510ML10	J271059	052523	10	6592	6592	
17	0636	N400409653349UN.5	J3370	052523	2	15365	000	
18	0636	N400517460125ML2.5	J3490	052523	1	12600	000	
19	0636	N400990795309ML1000	J7120	052523	1	15515	000	
20	0637	N400781326971ML.5	A9270	052523	1	11695	11695	
21	0637	N400904673061UN2	A9270	052523	2	1500	1500	
22	0710	RECOVERY ROOM - GENERAL		052523	2	168200	000	
23	0001	PAGE 1 OF 1	CREATION DATE	060823	TOTALS	19888309	19787	

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST.	NPI 0123456789
A	MEDICARE	5546	Y	Y	000		
B	BLUECROSS BLUESHIELD	5547	Y	Y	000	000	OTHER PRV ID
C							

	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A				
B				IND065
C				

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX: I69351
0
68

69 ADMIT DX
70 PATIENT REASON DX: I69351
71 PPS CODE
72 ECI
73

Transitional Pass-Through Q & A

Effective January 1, 2023, the Vivistim® Paired VNS™ System has been approved by Medicare for Transitional Pass-Through status.[2] Through this approval, CMS has affirmed that the Vivistim® Paired VNS™ System is a novel therapy that will substantially improve the treatment of chronic stroke patients compared to available therapies. Additional payment is available to hospitals and ASCs to facilitate Medicare beneficiaries' access to the Vivistim® Paired VNS™ System.

What do I need to do to qualify for pass-through payment?

Pass-through payments are calculated upon claim submission.

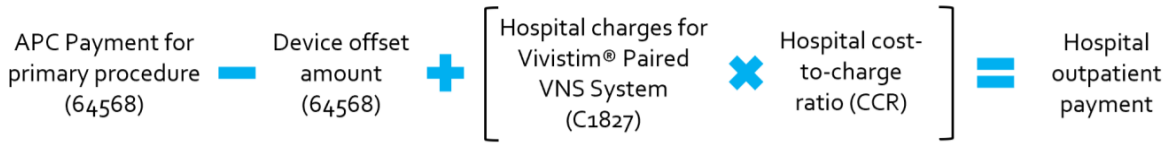
- Effective 1/1/2023 verify that all billing systems are updated to reflect the new device code for the Vivistim® Paired VNS™ System: C1827 *Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller.*
- HCPCS C1827 is for the *entire system* (implantable pulse generator and lead) – therefore the charges for the Vivistim® Paired VNS™ System should be reported in a single charge line with a quantity of 1
- Verify that the charge reflects the *complete* cost of the Vivistim® Paired VNS™ System (the implantable pulse generator and lead) and that the charge is calculated using the hospital outpatient cost-to-charge ratio (CCR) for "implantable devices charged to patients".

Note that the Vivistim® Paired VNS™ System is the *ONLY* FDA approved product reportable with the C1827 HCPCS code.

How are pass-through payments calculated?

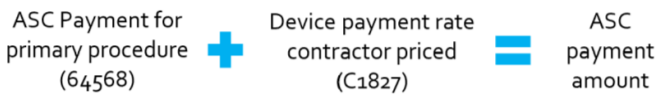
Hospital pass-through payments are determined by converting the hospital's charges to costs using each individual hospital's cost-to-charge (CCR) ratio for the cost center "implantable devices charged to patients", if available. Pass-through payments for ambulatory surgery centers are "contractor priced" and determined by each Medicare Administrative Contractor (MAC). ASC pass-through payments are calculated based on submitted invoices.

Hospital Outpatient Department



Ambulatory Surgery Center

Ambulatory surgery center payment requires an invoice price to be entered in item 19 on the CMS-1500 claim form or its electronic equivalent.



Which device and procedure codes should be used to report the Vivistim® Paired VNS™ System?

The following procedure code is used to report insertion of the Vivistim® Paired VNS™ System.

CPT® Code[3]	Description3
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

Beginning on January 1, 2023, the following device (HCPCS) code should be reported for all Vivistim® Paired VNS™ Device insertions. Note that the Vivistim® Paired VNS™ System is the *ONLY* FDA approved product that is reportable with the C1827 HCPCS code. Alternate device codes should be used to report the Vivistim® Paired VNS™ System to payers that do not accept Medicare device codes (e.g., C-codes).

Item Number	Description	Medicare Device Coding		Alternate Device Coding		
		HCPCS Code[4]	Description	HCPCS Code[4]	Description	Device
33-0000-1003	IPG	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	*Generator Only*
33-0005-0010	Lead 2mm	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	L8680	Implantable neurostimulator electrode, each	*Stimulation Lead Only*
33-0005-0011	Lead 3mm	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	L8680	Implantable neurostimulator electrode, each	*Stimulation Lead Only*

Does the pass-through program apply to private payers or State Medicaid plans?

No, the transitional pass-through program applies to Medicare FFS beneficiaries only. Providers should check with private insurers, State Medicaid and Medicare Advantage plans to determine if supplemental payment is available.

How long does the pass-through program last?

The transitional pass-through program lasts for up to three years, at which time Medicare payment rates will reflect the cost of the candidate device in ambulatory payment classification (APC) weights.

Does this affect the professional payment to the surgeon?

No, the transitional pass-through program reimburses hospitals and ambulatory surgery centers for the additional cost of the candidate device, when that cost exceeds the current device-related portion of the payment for the associated procedure, as determined by CMS.

References

1. U.S. Food and Drug Administration Approval Order. P210007. MicroTransponder® Vivistim® Paired VNS™ System (Vivistim® System). Aug. 27, 2021.
2. CMS-1808-F – FY 2025 IPPS Final Rule ICD-10-CM Diagnosis Tabular Index.
3. CPT® is a registered trademark of the American Medical Association © 2024. All Rights Reserved.
4. CMS CY 2025 HCPCS Alphanumeric Index
5. CMS-1807-F – CY 2025 MPFS Final Rule Addendum B RBRVS with MPFS CY 2025 conversion factor ($32.3465).
6. CMS 1772-FC. – Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. 42 CFR Vol. 87, No. 225 (71895-71899). Nov. 23, 2022. CPT® code reporting must be supported by medical record documentation
7. CMS-1809-FC, CY 2025 OPPS Final Rule with Comment Period (NFRM). Addendum B.
   A – Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPPS for example: Ambulance, Clinical Diagnostic Lab, Non-Implantable Prosthetic/Orthotics devices, EP0 for ESRD patients, PT/OT/SLP, Routine Dialysis for ESRD patients provided in a certified dialysis unit of a hospital, Screening/Diagnostic Mammography.
   Q1 – STV-Packaged codes: Paid under OPPS; Addendum B displays APC assignments when services are separately payable. Packaged APC payment if billed on same date of service as a HCPCS assigned status indicator "S", "T", "V". In all other circumstances, payment is made through a separate APC payment.
   Q2 – T-Packaged codes Paid under OPPS; Addendum B displays APC assignments when services are separately payable. Packaged APC payment if billed on same date of service as a HCPCS assigned status indicator "T". In all other circumstances, payment is made through a separate APC payment.
   J1 - Hospital part B services paid through a comprehensive APC: Paid under OPPS; all covered part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS status indictor of "F", "G", "H", "L", and "U"; ambulance services, diagnostic and screen mammography, rehabilitation therapy services, services assigned to a new technology services, services assigned to a new technology APC, self-administered drugs, all preventive services, and certain part B inpatient services.
   H - Pass-through device categories; separate cost-based pass-through payment, not subject to copayment.
   N - Items or services packaged into APC rates: Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.
8. CMS-1771-F. Hospital Inpatient Prospective Payment System Final Rule. FR 87. No. 153 (pg. 48780-49499) Aug. 10, 2022.
9. CMS-1808-CN, FY 2025 IPPS Final Rule ICD-10-PCS Tabular Index
10. CMS-1808-CN, FY 2025 IPPS Final Rule Table 5 MS-DRG