

2026 Surgical Billing Guide

MicroTransponder, Inc. offers reimbursement support and prior authorization assistance. Please contact the MicroTransponder Reimbursement Hotline at claims@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. Disclaimer: This document provides reimbursement information from third party sources, including the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), and is for illustrative purposes only. Reimbursement regulations, laws and policies are updated frequently, which may or may not be reflected in this document. As a result, MicroTransponder, Inc. claims no liability or responsibility for the completeness or accuracy of the information contained in this document or any consequences that may result from its use. The information contained herein does not replace advice from insurers and/or from qualified coding staff. Responsibility for correct coding lies with the provider of services. Please contact your local payer(s) and/or qualified coding staff for interpretation of the appropriate codes to use for specific procedures.

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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

Prior Authorization (if required)

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

Pre-Surgical Consultation

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

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



Implant Coding

ICD-10-CM Diagnosis Codes

ICD-10-CM Code ¹	ICD-10-CM Description ¹
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

1. CMS CY2026 ICD-10-CM Index

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 ²	Description
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

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Implant Coding

Physician Coding & Reimbursement

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

CPT® Code ¹	Description	MPFS SI	MPFS Total RVU	2026 Medicare Physician Payment
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	A	19.77	\$663

Hospital Outpatient Coding & Reimbursement (Facility)

Medicare assigns each CPT code to a specific Ambulatory Payment Classification (APC). APC's have a fixed amount which includes the cost of a device. Status indicator "S" signifies a significant procedure, not subject to multiple procedure discounting. Status indicator "N" signifies items or services packaged into APC rates.

CPT®/HCPCS Code ^{1,2}	Description	OPPS APC	OPPS Status Indicator
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	1580	S
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	N/A	N

ASC

For Medicare cases performed in an ASC setting, it is not recommended to include separate line items for HCPCS Level II codes. Payment is bundled under the primary procedure code. Commercial insurances may still require C or L codes to be included on claims.

Device Reporting

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

HCPCS Level II Crosswalk

Item Number	Description	Device Coding		Device Coding (Select Non-Medicare Plans)	
		HCPCS ²	Description	HCPCS ²	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 2 mm	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	L8680	Implantable neurostimulator electrode, each
33-0005-0011	Lead 3 mm	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	L8680	Implantable neurostimulator electrode, each

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2. CMS CY2026 HCPCS Alphabetic Index.

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 ¹	Description	Procedure Type <i>Device Component</i>
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 <i>Generator Only</i>
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Revision or Removal <i>Generator Only</i>
64569	Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Revision or Replacement <i>Lead Only</i>
64570	Removal of cranial nerve neurostimulator electrode array and pulse generator	Removal Only <i>Generator and Lead</i>

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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

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 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 11/3/2023.¹ 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 need to report the implantable components of the Vivistim® Paired VNS™ System (e.g, HCPCS C1827) to prevent potential device to procedure edits.

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.

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

Example CMS-1450 (UB04) Claim

1		2		3a. ICD-10-CM b. ICD-10-PCS c. ICD-10-PCS d. ICD-10-PCS		4. TYPE OF BILL	
5. PATIENT NAME		6. PATIENT ADDRESS		7. STATEMENT COVERS PERIOD FROM 01/01/2026 THROUGH 01/01/2026		8	
9. BIRTHDATE		10. SEX		11. DATE OF ADMISSION		12. TYPE	
13. DATE		14. TYPE		15. SRC		16. DHR	
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