



# 2026 Surgical Billing Guide

MicroTransponder, Inc. offers reimbursement support and prior authorization assistance. Please contact the MicroTransponder Reimbursement Hotline at [claims@microtransponder.com](mailto: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.<sup>1</sup> 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 <sup>1</sup>	ICD-10-CM Description <sup>1</sup>
<b>I69.33</b>	<b>Monoplegia of upper limb following cerebral infarction</b>
<b>I69.331</b>	Monoplegia of upper limb following cerebral infarction affecting right dominant side
<b>I69.332</b>	Monoplegia of upper limb following cerebral infarction affecting left dominant side
<b>I69.333</b>	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
<b>I69.334</b>	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
<b>I69.339</b>	Monoplegia of upper limb following cerebral infarction affecting unspecified side
<b>I69.35</b>	<b>Hemiplegia and hemiparesis following cerebral infarction</b>
<b>I69.351</b>	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
<b>I69.352</b>	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
<b>I69.353</b>	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
<b>I69.354</b>	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 <sup>2</sup>	Description
<b>64568</b>	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 <sup>1</sup>	Description	MPFS SI	MPFS Total RVU	2026 Medicare Physician Payment
<b>64568</b>	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 <sup>1,2</sup>	Description	OPPS APC	OPPS Status Indicator
<b>64568</b>	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	1580	S
<b>C1827</b>	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 <sup>2</sup>	Description	HCPCS <sup>2</sup>	Description
33-0000-1003	IPG	<b>C1827</b>	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	<b>L8686</b>	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
33-0005-0010	Lead 2 mm	<b>C1827</b>	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	<b>L8680</b>	Implantable neurostimulator electrode, each
33-0005-0011	Lead 3 mm	<b>C1827</b>	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	<b>L8680</b>	Implantable neurostimulator electrode, each

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2. CMS CY2026 HCPCS Alphanumeric Index.

## Revision, Removal and Replacement Procedures

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

CPT® Code <sup>1</sup>	Description	Procedure Type <i>Device Component</i>
<b>61885</b>	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>
<b>61888</b>	Revision or removal of cranial neurostimulator pulse generator or receiver	Revision or Removal <i>Generator Only</i>
<b>64569</b>	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>
<b>64570</b>	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](mailto: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 VNST™ 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 VNST™ System. CMS instructed all Medicare Administrative Contractors (MACs) to bypass NCD 160.18 to allow for coverage outside of NCD on 11/3/2023.<sup>1</sup> 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](mailto:claims@microtransponder.com) for assistance.

Device to Procedure Edits: Hospitals need to report the implantable components of the Vivistim® Paired VNST™ 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 VNST™ 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](mailto:claims@microtransponder.com) for assistance.

<sup>1</sup>. Transmittal I2350; 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 PAY. CNTL # 6. MED. REC. #		4 TYPE OF BILL							
				5 FED. TAX NO.		6 STATEMENT CONCERNING PERIOD FROM _____ THROUGH _____							
						01/01/2026 01/01/2026							
7a PATIENT NAME		7b DOB JAMES		7c PATIENT ADDRESS		7d							
8a		8b		8c		8d							
10a BIRTHDATE		11a SEX		12a DATE ADMISSION		13a HRT 14a TYPE 15a SPC 16a DHR 17a STAT 18a 19a 20a 21a		22a CONDITION CODES		23a 24a 25a 26a 27a 28a		29a ADMT STATE	
10b 01012026													
31a OCCURRENCE DATE		32a OCCURRENCE DATE		33a OCCURRENCE DATE		34a OCCURRENCE DATE		35a OCCURRENCE SPAN FROM		36a OCCURRENCE SPAN THROUGH		37a	
38a JAMES DOE 1234 DEER LN GOODWINVIEW, PA 98765								39a VALUE CODES CODE AMOUNT		40a VALUE CODES CODE AMOUNT		41a VALUE CODES CODE AMOUNT	
42a REV. CO.		43a DESCRIPTION		44a HCPCS / RATE / HPPS CODES		45a SERV. DATE		46a SERV. UNITS		47a TOTAL CHARGES		48a NON-COVERED CHARGES	
0278		OTHER DEVICE/IMPLANT		C1827		01012026				\$XXXX			
0360		OPERATING ROOM SERVICES		64568		01012026				\$XXXX			
1		2		3		4		5		6		7	
8		9		10		11		12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	
29		30		31		32		33		34		35	
36		37		38		39		40		41		42	
43		44		45		46		47		48		49	
50a PAGE _____ OF _____		51a CREATION DATE		52a TOTALS		53a		54a		55a		56a	
50b PAYER NAME		51b HEALTH PLAN ID		52b INFO		53b		54b PRIOR PAYMENTS		55b EST. AMOUNT DUE		56b NPI	
57a OTHER PRV ID													
58a INSURED'S NAME		59a REL		60a INSURED'S UNIQUE ID		61a GROUP NAME		62a INSURANCE GROUP NO.					
63a TREATMENT AUTHORIZATION CODES		64a DOCUMENT CONTROL NUMBER		65a EMPLOYER NAME		66a		67a		68a		69a	
LMNOP123456													
70a I69.3XX		71a A		72a B		73a C		74a D		75a E		76a F	
77a G		78a H		79a I		80a J		81a K		82a L		83a M	
84a N		85a O		86a P		87a Q		88a R		89a S		90a T	
91a U		92a V		93a W		94a X		95a Y		96a Z		97a	
98a		99a		100a		101a		102a		103a		104a	
105a		106a		107a		108a		109a		110a		111a	
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742a		743a		744a		745a		746a		747a		748a	
749a		750a		751a		752a		753a		754a		755a	
756a		757a		758a		759a		760a		761a		762a	
763a		764a		765a		766a		767a		768a		769a	
770a		771a		772a		773a		774a		775a		776a	
777a		778a		779a		780a		781a		782a			