Vivistim®
by MicroTransponder Inc.

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

Pre-Surgical Consultation

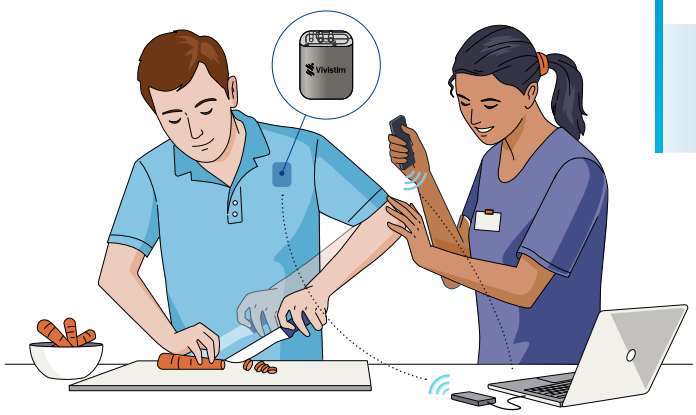
- History of present illness, medical and evaluation of comorbidities
- Stroke etiology, type and date
- Review of Upper Extremity Evaluation

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 therapysessions 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 VNS™ System with the following HCPCS codes.

HCPCS Level II Crosswalk

Item Number	Des-cription	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 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 VNS™ System implantable pulse generator or stimulation lead. These procedures are separately reportable and are provided below.

CPT® Code[1]	Description	Procedure Type *Device Component*
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection toa single electrode array	Insertionor 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 electrodearray, includingconnection to existing pulsegenerator	Revision or Replacement *Lead Only*
64570	Removal of cranial nerve neurostimulator electrode array and pulse generator	Removal Only *Generator and Lead*

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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 PAT. CNTL # / b. MED. REC. #	4 TYPE OF BILL

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
	01/01/2026	01/01/2026	

8 PATIENT NAME	9 PATIENT ADDRESS
a DOE JAMES	a
b	b, c, d, e

10 BIRTHDATE	11 SEX	ADMISSION 12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18–28	29 ACDT STATE	30
		01012026								

31 OCCURRENCE CODE / DATE	32 OCCURRENCE CODE / DATE	33 OCCURRENCE CODE / DATE	34 OCCURRENCE CODE / DATE	35 OCCURRENCE SPAN CODE / FROM / THROUGH	36 OCCURRENCE SPAN CODE / FROM / THROUGH	37

38	39 VALUE CODES CODE / AMOUNT	40 VALUE CODES CODE / AMOUNT	41 VALUE CODES CODE / AMOUNT
JAMES DOE 1234 DEER LN GOODWINVIEW, PA 98765			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0278	OTHER DEVICE/IMPLANT	C1827	01012026		$XXXX		
0360	OPERATING ROOM SERVICES	64568	01012026		$XXXX		
	PAGE ____ OF ____	CREATION DATE		TOTALS			

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI / 57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
LMNOP123456		

66 DX / 67: I69.3XX

68

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

74 PRINCIPAL PROCEDURE CODE / DATE	a. OTHER PROCEDURE CODE / DATE	b. OTHER PROCEDURE CODE / DATE	75
		01012026	

c. OTHER PROCEDURE CODE / DATE	d. OTHER PROCEDURE CODE / DATE	e. OTHER PROCEDURE CODE / DATE

76 ATTENDING NPI QUAL LAST FIRST

77 OPERATING NPI QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS | 81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.