Coding Reference Guide

Effective as of January 1 2026

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Overview

Patient Flow

Patient identification
- ICD consult
- HF hospitalization
- HF diagnostic alert
- EMR screening

Patient assessment
- Symptomatic despite GDMT
- Recent echo (LVEF ≤ 35%)
- EKG
- Baseline NT-proBNP (< 1600 pg/mL)
  May require medical optimization and re-test
- Consider Carotid Doppler

Prior authorization
- CVRx Patient Access Support
- Submit required documentation (NYHA class, EKG, Echocardiogram, NT-proBNP)

Pre-implant consultation
- Confirm Carotid Doppler
  (< 50% stenosis & anatomy)

Implant
- CVRx rep attendance
- Consider device rep attendance for other implanted devices

Wound check
- Implant + 1 week

Titration phase
- CVRx rep attendance
- Typically three titration visits (1/month)
- Depending on the patient, the titration phase can extend through 3-6 months

Routine follow-up
- Every 6 months

- Cardiologist
- HF Specialist
- Electrophysiologist

- Vascular Surgeon
- CT Surgeon
- Electrophysiologist

Prior authorization

Barostim requires prior authorization based on the patient medical necessity criteria.

CVRx Patient Access Support (CPAS) provides case-by-case support for providers who perform Barostim implantation procedures.

CPAS offers assistance for the following services:

1. Coding and coverage information
2. Eligibility and benefit verification
3. Prior authorization
4. Pre-determination or certification
5. Pre and post service appeals

To enroll in the CVRx Patient Access Support (CPAS) service or submit a request online:

www.cvrx.com/healthcare-professionals/reimbursement

Contact the CVRx helpline for copies of the forms or with any questions:

Email: **reimbursement@cvrx.com**
Phone: 763-416-2344
Fax: 855-710-7053

System implant - Commonly used diagnosis codes*

ICD-10-CM	Descriptor
I50.2	Systolic (Congestive) Heart Failure
I50.20	Unspecified Systolic (Congestive) Heart Failure
I50.21	Acute Systolic (Congestive) Heart Failure
I50.22	Chronic Systolic (Congestive) Heart Failure
I50.23	Acute on Chronic Systolic (Congestive) Heart Failure
I50.3	Diastolic (Congestive) Heart Failure
I50.30	Unspecified Diastolic (Congestive) Heart Failure
I50.31	Acute Diastolic (Congestive) Heart Failure
I50.32	Chronic Diastolic (Congestive) Heart Failure
I50.33	Acute on Chronic Diastolic (Congestive) Heart Failure
I50.4	Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure
I50.40	Unspecified Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure
I50.41	Acute Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure
I50.42	Chronic Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure
I50.43	Acute on Chronic Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure

*Not a complete list

Physician Coding

Patient assessment

Barostim indications[1]

- NYHA III or NYHA II (with recent NYHA III) despite treatment with GDMT* (medications and devices)
- LVEF ≤ 35%
- NT-proBNP < 1600 pg/mL

Barostim delivers Baroreflex Activation Therapy for improvement of patients' heart failure functional status, six-minute hall walk, and quality of life.

Contraindications

- Been assessed to have bilateral carotid bifurcations located above the level of the mandible
- Baroreflex failure or autonomic neuropathy
- Uncontrolled, symptomatic cardiac bradyarrhythmias
- Carotid atherosclerosis that is determined by ultrasound or angiographic evaluation greater than 50%
- Ulcerative plaques in the carotid artery as determined by ultrasound or angiographic evaluation
- Known allergy to silicone or titanium

  NOTE: Boston Scientific's S-ICD and Medtronic's EV-ICD contraindicates patients with unipolar pacing devices (e.g.:, Barostim, which uses unipolar stimulation)

*Guideline Directed medical therapy (GDMT) according to 2022 AHA/ACC/ESC guidelines

Possible coding for Barostim evaluations

CPT® 93306 – Transthoracic Echocardiogram

Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography

CPT® 93308 – Transthoracic Echocardiogram

Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

CPT® 93880 – Carotid Artery Duplex Scan

Duplex scan of extracranial arteries; complete bilateral study

CPT® 93882 – Carotid Artery Duplex Scan

Duplex scan of extracranial arteries; unilateral or limited study

CPT® 83880 – NT-ProBNP

N-Terminal pro B-Type Natriuretic Peptide

CPT® 94618 – Six-Minute Hall Walk Test

Pulmonary stress testing (eg, Six-Minute Hall Walk Test), including measurement of heart rate, oximetry, and oxygen titration, when performed

System implant - Physician coding

CPT® 64654 – System Implant

Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming

Generator replacement - Physician coding

CPT® 64656 – Generator Replacement

Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only

Programming and interrogation - Physician coding

CPT® 93145 – Interrogation device evaluation without programming

Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming,

CPT® 93146 - Interrogation device evaluation with programming

Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting.

Follow-up - Physician coding

Possible **primary diagnosis** codes for interrogation and programming. Possible **secondary diagnosis** codes for interrogation and programming are Heart Failure diagnosis codes (see page 6)

ICD-10-CM	Descriptor
Z45.09	Encounter for adjustment and management of other cardiac device
Z45.89	Encounter for adjustment and management of other implanted devices

Follow up visits or services may be billed independently from the Barostim device interrogation (with or without programming) and evaluation visits.

Physician coding: follow-up visit CPT® codes

CPT® 99211 – Follow-up Evaluation and Management

Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.

CPT® 99212 – Follow-up Evaluation and Management

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

CPT® 99213 – Follow-up Evaluation and Management

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

CPT® 99214 – Follow-up Evaluation and Management

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

CPT® 99215 – Follow-up Evaluation and Management

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

Outpatient Coding

System implant - outpatient hospital coding

CPT® 64654 – System Implant
Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming.

HCPCS code	Descriptor
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)

System implant - Chargemaster entry

For an initial "**system implant**" (full device – Generator and Lead at the same time) use the following product numbers:

- **100069-202**, Barostim Neo2 Neurostimulator System IPG Model CSL Comb Kit

This procedure is always billed using **C1825** - Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s).

Any (single part below) **replacements** are billed using **C1767** (Generator) and **C1778** (Lead) – see crosswalk below and more on page 13 under Replacement

100065-202, Barostim NEO2 Model 2104 (**IPG** only)

100063-212, Barostim Neo CSL Kit Model 1036 SH (**lead** only)

Procedure	Descriptor	CPT® code[3]	HCPCS code[4]	Item #
Initial Barostim System Implant (Kit) De novo implant only	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	**64654**	**C1825**	100069-202, Barostim Neo2 Neurostimulator System IPG Model CSL **Comb** Kit
Battery replacement only (Barostim)	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	**64656**	**C1767**	100065-202, Barostim NEO2 Model 2104 **IPG** (only)
Lead replacement only	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	**64655**	**C1778**	100063-212, Barostim Neo CSL Kit Model 1036 SH (**lead** only)

Contact the CVRx Reimbursement team for initial chargemaster set up at 763-416-2344 or reimbursement@cvrx.com.

Generator replacement - outpatient hospital coding

CPT® 64656 – Generator Replacement

Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only

J1- Hospital Part B services paid through a Comprehensive APC (C-APC). Comprehensive APCs (C-APCs) were established for certain payment groups (e.g., device intensive) whereby Medicare only reimburses a single C-APC on a date of service.

HCPCS level II device codes

The following HCPCS Level II codes should be used for cost reporting purposes when reporting Barostim generator replacement. In general, C-codes are used for billing Medicare and L-codes are used for billing private payers, although some private payers may also accept C-codes.

HCPCS code	Descriptor
Battery and lead replacement	
C1767	Generator, neurostimulator (implantable), non-rechargeable
C1778	Lead, neurostimulator (implantable)
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8680	Implantable neurostimulator electrode, each

Hospital Sample Claim – Initial Implantation

1	2	3a PAT. CNTL #		4 TYPE OF BILL
		b. MED. REC. #		131
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH 7
			01012026	01012026

8 PATIENT NAME	a	PATIENT NAME	9 PATIENT ADDRESS	a
b			b	c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACDT STATE	30
		01012026																		

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

38	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
PATIENT NAME PATIENT ADDRESS	a					
	b					
	c					
	d					

	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	0130	EKG			#	$XXXXX XX			1
2	0250	PHARMACY			#	$XXXXX XX			2
3	0258	IV SOLUTION			#	$XXXXX XX			3
4	0270	MEDICAL / SURGICAL SUPPLIES			#	$XXXXX XX			4
5	0278	OTHER DEVICE / IMPLANT	C1825	01012026	1	$XXXXX XX			5
6	0360	OPERATING ROOM	64654	01012026	1	$XXXXX XX			6
7	0370	ANESTHESIA			#	$XXXXX XX			7
8	0710	RECOVERY ROOM			#	$XXXXX XX			8
9									9
10									10

Hospital Sample Claim – Generator Replacement

1	2	3a PAT. CNTL #		4 TYPE OF BILL
		b. MED. REC. #		131
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH 7
			01012026	01012026

8 PATIENT NAME	a	PATIENT NAME	9 PATIENT ADDRESS	a
b			b	c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACDT STATE	30
		01012026																		

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

38	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
PATIENT NAME PATIENT ADDRESS	a					
	b					
	c					
	d					

	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	0130	EKG			#	$XXXXX XX			1
2	0250	PHARMACY			#	$XXXXX XX			2
3	0258	IV SOLUTION			#	$XXXXX XX			3
4	0270	MEDICAL / SURGICAL SUPPLIES			#	$XXXXX XX			4
5	0278	OTHER DEVICE / IMPLANT	C1767	01012026	1	$XXXXX XX			5
6	0360	OPERATING ROOM	64656	01012026	1	$XXXXX XX			6
7	0370	ANESTHESIA			#	$XXXXX XX			7
8	0710	RECOVERY ROOM			#	$XXXXX XX			8
9									9
10									10

ASC Coding

System implant - ASC coding

CPT® code	Descriptor	Status indicator	APC[6]
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming.	J8	1580

J8 - Device-intensive procedure; paid at adjusted rate.

HCPCS code[4]	Descriptor
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)

Generator replacement - ASC coding

CPT® 64656 – Generator Replacement

Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only

HCPCS level II device codes

The following HCPCS Level II codes should be used for cost reporting purposes when reporting Barostim generator replacement. In general, C-codes are used for billing Medicare and L-codes are used for billing private payers, although some private payers may also accept C-codes.

HCPCS code	Descriptor
Battery and lead replacement	
C1767	Generator, neurostimulator (implantable), non-rechargeable
C1778	Lead, neurostimulator (implantable)
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8680	Implantable neurostimulator electrode, each

Contact CVRx Reimbursement team for initial chargemaster set up at 763-416-2344 or reimbursement@cvrx.com.

Inpatient Coding

System implant - inpatient hospital coding

ICD-10-PCS procedure code	Descriptor	Typical MS-DRG assignment
0JH60MZ	Insertion of stimulator generator into chest subcutaneous tissue and fascia, open approach	276
AND		
03HK3MZ	Insertion of stimulator lead into right internal carotid artery, percutaneous approach	Cardiac Defibrillator Implant with MCC or Carotid Sinus Neurostimulator
OR		
03HL3MZ	Insertion of stimulator lead into left internal carotid artery, percutaneous approach	

Contact CVRx Reimbursement team for initial chargemaster set up at 763-416-2344 or reimbursement@cvrx.com.

1	2	3a PAT. CNTL #		4 TYPE OF BILL
		b. MED. REC. #		131
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH 7
			01012026	01012026

8 PATIENT NAME	a	PATIENT NAME	9 PATIENT ADDRESS	a	
b			b	c	d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACDT STATE	30
		01012026																		

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

38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
PATIENT NAME PATIENT ADDRESS	a					
	b					
	c					
	d					

	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	0130	EKG			#	$XXXXX XX			1
2	0250	PHARMACY			#	$XXXXX XX			2
3	0258	IV SOLUTION			#	$XXXXX XX			3
4	0270	MEDICAL / SURGICAL SUPPLIES			#	$XXXXX XX			4
5	**0278**	**OTHER DEVICE / IMPLANT**			**1**	**$XXXXX XX**			5
6	**0360**	**OPERATING ROOM**			**1**	**$XXXXX XX**			6
7	0370	ANESTHESIA			#	$XXXXX XX			7
8	0710	RECOVERY ROOM			#	$XXXXX XX			8
9									9

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A ABC1234567		A
B		B
C		C

66 DX	67 I	A J	B K	C L	D M	E N	F O	G P	H Q	68

69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	a	b	c	73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75	76 ATTENDING	NPI	QUAL	
0JH60MZ	**01/01/2026**	**03HK3MZ**	**01/01/2026**				LAST		FIRST	
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE		77 OPERATING	NPI	QUAL	

Physician coding appendix

CPT® code	Descriptor	Work RVU	Total Facility PE RVU
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	11	2.96
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	11.3	5.4
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	8.01	2.8
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator	12.13	3.76
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	8.95	3.03
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	8.23	2.9

CPT® code	Descriptor	Work RVU	Total Non-Facility PE RVU
93145	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming	0.65	1.64
93146	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting	0.9	2.48

Ambulatory Surgery Center appendix

CPT® code	Descriptor	Status Indicator	APC
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	J8	1580
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	J8	5461
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	J8	5465
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator	G2	5432
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	G2	5461
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	G2	5461

Hospital coding appendix

CPT® code	Descriptor	Status indicator	APC
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	S	1580
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	J1	5461
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	J1	5465
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator	Q2	5432
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	J1	5461
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	J1	5461
93145	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming	S	5721
93146	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting	S	5721

Hospital Outpatient Status Indicator:
J1- Hospital Part B services paid through a Comprehensive APC (C-APC). Comprehensive APCs (C-APCs) were established for certain payment groups (e.g., device intensive) whereby Medicare only reimburses a single C-APC on a date of service.
Q2- Paid under OPPS; Addendum B displays APC assignments when services are separately payable.
S- Procedure or Service, Not Discounted When Multiple.

CVRx contacts

Contact

Technical support (24/7)
Phone: 763-416-2343

Reimbursement
Phone: 763-416-2344
Fax: 855-710-7053
Email: reimbursement@cvrx.com

Prior authorization
Email: c-pas@cvrx.com
www.cvrx.com/reimbursement

Local Team

Sales

Clinical support

Training

Reimbursement

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References:

1. Instructions for Use 900133-001 available at www.cvrx.com/ifu.
2. ICD-10-PCS and ICD-10-CM 2025. American Medical Association, Chicago, IL.
3. Current Procedural Terminology 2025, American Medical Association. Chicago, IL. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright American Medical Association. All Rights Reserved. Applicable FARS/ DFARS apply.
4. Source: Optum360 EncoderProForPayers.com.
5. 2026 Physician Final Rule CMS -1832-F.
6. 2026 OPPS and ASC Final Rule CMS 1834-FC.
7. 2026 IPPS Final Rule CMS-1833-F.

CAUTION: Federal law restricts this device to sale by or on the order of a physician. See Instructions for Use 900133-001 for a complete instruction for use and a description of indications, contraindications, warnings, precautions and adverse events.

Barostim is indicated for patients who are NYHA Class III or Class II (who had a recent history of Class III) despite treatment with guideline-directed medical therapies (medications and devices), have a left ventricular ejection fraction of ≤ 35%, and a NT-proBNP <1600 pg/mL. Barostim delivers Baroreflex Activation Therapy for improvement of patients' heart failure functional status, six-minute hall walk, and quality of life.

Patients are contraindicated if they have been assessed to have bilateral carotid bifurcations located above the level of the mandible, baroreflex failure or autonomic neuropathy, uncontrolled symptomatic cardiac bradyarrhythmias, carotid atherosclerosis that is determined by ultrasound or angiographic evaluation greater than 50%, ulcerative plaques in the carotid artery as determined by ultrasound or angiographic evaluation, known allergy to silicone or titanium.

Warnings include: only trained physicians may use this system, prescribing physicians should be experienced in the diagnosis and treatment of heart failure and should be familiar with the use of this system, monitor blood pressure and heart rate during Carotid Sinus Lead placement and when adjusting stimulation parameters intra-operatively, post-implantation, program the system to avoid the following: heart rate falls below 50 beats per minute (BPM), or systolic pressure falls below 90 mmHg, or diastolic blood pressure falls below 50 mmHg, or problematic adjacent tissue stimulation is noted, or undesirable interaction indicated by monitoring of any other implanted electrical device (see "Device Interaction Testing" in Section 10), or any other potentially hazardous patient responses are observed. Improper system implantation could result in serious injury or death. Do not use diathermy therapy including shortwave, microwave, or therapeutic ultrasound diathermy on patients implanted with the system. Patients should be counseled to stay at least 15 cm (6 inches) away from devices with strong electrical or magnetic fields such as strong magnets, loudspeaker magnets, Electronic Article Surveillance (EAS) system tag deactivators, arc welders, induction furnaces, and other similar electrical or electromechanical devices. This would include not placing items such as earphones in close proximity to the implanted pulse generator. The IPG may affect the operation of other implanted devices such as cardiac defibrillators, pacemakers, or neurological stimulation systems. For patients who currently have an implanted electrical medical device, physicians must verify compatibility with the implanted device during implantation of the system. Contralateral implant of the Barostim NEO IPG may help to reduce potential interactions. Interactions are more likely in devices that contain a sensing function, such as an implantable cardiac defibrillator or pacemaker. If an interaction is observed, the Barostim NEO IPG should be programmed to reduced therapy output settings in order to eliminate the interaction. If necessary, change settings in the other implant only if the changes are not expected to negatively impact its ability to perform its prescribed therapy. During the implant procedure, if device interactions cannot be eliminated the Barostim NEO System should not be implanted.

Precautions include: the system should be implanted and programmed carefully to avoid stimulation of tissues near the electrode or in the area of the IPG pocket. Such extraneous stimulation could involve the following: the regional nerves, causing laryngeal irritation, difficulty swallowing, or dyspnea, the cervical musculature, causing intermittent contraction, skeletal muscles, causing intermittent contraction around the IPG pocket. Proper sterile technique during implantation should be practiced and aggressive pre-operative antibiotics are recommended. Infections related to any implanted device are difficult to treat and may necessitate device explantation.

It is anticipated that subjects will be exposed to operative and post-operative risks similar to related surgical procedures involving the neck and/or a pacemaker implant. These risks and potential risks of chronic device based baroreflex activation may include, but are not limited to: stroke, transient ischemic attack (TIA), systemic embolization, surgical or anesthetic complications, infection, wound complications, arterial damage, pain, nerve damage/stimulation, hypotension, hypertensive crisis, respiratory, exacerbation of heart failure, cardiac arrhythmias, tissue erosion/IPG migration, injury to baroreceptors, fibrosis, allergic reaction, general injury to user or patient, need for reoperation, secondary operative procedure, and death. Patients implanted with the system may receive Magnetic Resonance Imaging (MRI) only when all MR Conditional safety parameters are met as listed in the instructions for use.

For a list of all potential benefits and risks go to www.cvrx.com/benefit-risk-analysis/
For a list of all applicable patents, see www.cvrx.com/patent-marking.

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