

AeroPace® System Chargemaster Guide Temporary Transvenous Diaphragm Neurostimulation

AeroPace® System Chargemaster Information

Codes and charges assigned in the hospital chargemaster are a reference to support claims processing, billing, payment, and contracting with payers.

Ensure the chargemaster and electronic medical record include all procedures, products, and revenue codes with associated products, even those that may not be separately paid; integrate information into pull-down menus to support consistent documentation in the patient medical record.

AeroPace® System Component Product Numbers

Product Number	Item	Device Type
000-0036	AeroPace Neurostimulation Catheter Kit	Sterile Single Use
000-0041	AeroPace Airway Sensor	Non-Sterile Single Patient Use
000-0055	AeroPace Neurostimulation Console	Capital/Reusable
000-0057	AeroPace Neurostimulation Console Cart	Capital/Reusable
000-0045	AeroPace Airway Sensor Cable	Capital/Reusable
000-0043	AeroPace Catheter Cable	Capital/Reusable
000-0039	AeroPace Handheld Controller	Capital/Reusable

Hospital Inpatient ICD-10-PCS Procedure Coding for NTAP Eligible Payments

Effective October 1, 2025, list the new technology insertion code for the AeroPace Neurostimulation Catheter into the Chargemaster to be eligible for Medicare New Technology Add-On Payment (NTAP).

X2H13XB

Insertion of Temporary Phrenic Nerve/Diaphragm Stimulation Electrodes, Superior Vena Cava, Percutaneous Approach, New Technology Group 11

FY 2026 ICD-10-PCS Coding

CPT® Codes for Physician Reporting and Hospital Referencing

Unlisted codes may be used to describe the procedures until new specific CPT codes become effective July 1, 2026. The following unlisted CPT codes may be considered for reporting a session that includes Neurostimulation Catheter insertion or replacement, mapping, programming, and therapy session, or for each subsequent therapy session with the AeroPace System. The following unlisted CPT codes may be considered for reporting a session that includes Neurostimulation Catheter insertion or replacement, mapping, programming, and therapy session, or for each subsequent therapy session with the AeroPace System.

CPT Code*	Description
	ous insertion or replacement of the Neurostimulation Catheter, verification of the left phrenic ositioning, mapping and programming, delivery of initial Temporary Transvenous Diaphragm ulation
37799	Unlisted procedure, vascular surgery
93799	Unlisted cardiovascular service or procedure
	Transvenous Diaphragm Neurostimulation Session (including Mapping and Programming of the ulation Catheter and delivery of subsequent daily therapy sessions)
94799	Unlisted pulmonary service or procedure

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Revenue Codes

AeroPace® System Medical/Surgical Supplies and Devices

Ensure revenue codes are assigned for these items with charges. Possible revenue codes are listed below; others may apply.

- AeroPace® Neurostimulation Catheter, a sterile, single-use device and
- AeroPace® Airway Sensor, a non-sterile single-patient-use device

027X	Medical/Surgical Supplies and Devices 0270 - General 0271 - Nonsterile 0272 - Sterile 0279 - Other supplies/devices (Also see 062X, an extension of 027X)
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ICU and CCU Bedside Services - Insertion of the AeroPace Neurostimulation Catheter

020X	Intensive Care Unit 0200 - General 0201 - Surgical 0202 - Medical 0206 - Intermediate ICU 0207 - Burn Care 0208 - Trauma 0209 - Other
021X	Coronary Care Unit 0210 - General 0211 - Myocardial Infarction 0212 - Pulmonary Care 0213 - Heart Transplant 0214 - Intermediate CCU 0219 - Other Coronary CCU

Delivery of Temporary Transvenous Diaphragm Activation Therapy

041X	Respiratory Services 0410 - General 0419 – Other
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https://www.nubc.org/

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