

Indication for Use: The AeroPace® System is intended for temporary stimulation of the phrenic nerve(s) to increase diaphragmatic strength in mechanically ventilated patients. The AeroPace System is indicated to improve weaning success – increase weaning, reduce ventilator days, and reduce reintubation – in patients ages 18 years or older on mechanical ventilation ≥ 96 hours and who have not weaned.

The AeroPace System consists of the AeroPace® Neurostimulation Catheter, Catheter Cable, bedside AeroPace® Neurostimulation Console with touchscreen and Handheld Controller, and the AeroPace® Airway Sensor, and Airway Sensor Cable. The AeroPace Neurostimulation Catheter is sterile, for single-use up to 30 days, and the AeroPace Airway Sensor is for single-patient use.

Hospital Inpatient

ICD-10-PCS Coding, Documentation, Revenue Codes, and Diagnosis Related Groups (DRGs)

Hospital ICD-10-PCS Procedure Coding and Medicare New Technology Add-On Payment (NTAP)

Report ICD-10-PCS X2H13XB for the insertion of the AeroPace Neurostimulation Catheter, which is necessary to identify and trigger NTAP.

X2H13XB*

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

* Effective October 1, 2025 (FY 2026)

The following key words will identify the ICD-10-PCS code in the code index.

- Temporary Phrenic Nerve/Diaphragm Stimulation Electrodes
- AeroPace® System
- Lungpacer Diaphragm Pacing System
- Temporary Phrenic Neurostimulation Therapy

Report the ICD-10-PCS code for mechanical ventilation > than 96 hours.

5A1955Z

Respiratory ventilation, greater than 96 consecutive hours

AeroPace® System Device Documentation and Revenue Codes

Document the insertion of the AeroPace® Neurostimulation Catheter and the use of the Airway Sensor to enable the provision of each mapping and programming and therapy session with the AeroPace System.

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

AeroPace® System Medical/Surgical Supplies and Devices

027X

Medical/Surgical Supplies and Devices
 0270 - General
 0271 - Nonsterile
 0272 - Sterile
 0279 - Other supplies/devices
 (Also see 062X, an extension of 027X)

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 Neurostimulation

041X	Respiratory Services
	0410 - General
	0419 - Other

<https://www.nubc.org/>

Common Major Medicare-Severity Diagnosis Related Groups (others may apply)

MS-DRG	Description
003	ECMO or Tracheostomy with MV >96 Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. Procedures
004	Tracheostomy with MV >96 Hours or Principal Diagnosis Except Face, Mouth and Neck without Major O.R. Procedures
207	Respiratory System Diagnosis with Ventilator Support >96 Hours
870	Septicemia or Severe Sepsis with MV >96 Hours

Physician CPT® Coding and RVU Crosswalk Considerations

Currently, no specific code is available for Temporary Transvenous Diaphragm Neurostimulation. Select an unlisted code to report the physician services 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.

CPT® Codes

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

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Physician charges and RVUs may be established by ‘crosswalking’ to procedures and services that are similar in work complexity and activities. Examples of procedures (others may apply):

- **Comparative Procedures to consider for crosswalking the insertion of the Neurostimulation Catheter, verification of the left phrenic nerve, mapping and programming, with the initial therapy session:**
 - **33210** Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure) **with**
 - **93279** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber **or** **93151** Therapy activation of implanted phrenic nerve stimulator system, all interrogation and programming
- **Comparative Procedures to consider for crosswalking each subsequent therapy session with mapping and programming:**
 - **93279** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber **or**
 - **93151** Interrogation and programming (minimum of one parameter) of implanted phrenic nerve stimulation system or 93152 Interrogation and programming of implanted phrenic nerve stimulation system during polysomnography
- **Reimbursement may be established with payers either on a case-by-case basis or through contracting.** If the payer agrees to reimburse, the payer will establish a payment, typically based on the charge and crosswalk rationale from the provider.

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Sources

- AMA CPT2025 and 2026 Professional Edition
- FY 2026 ICD-10-PCS Codebook
- [CMS-1833-F and CMS-1808-F] RINs 0938-AV45, 0938-AV34, and 0955-AA06 Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (IPPS) and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year (FY) 2026 Rates; Changes to the FY 2025 IPPS Rates Due to Court Decision; Requirements for Quality Programs; and Other Policy Changes; Health Data, Technology, and Interoperability: Electronic Prescribing, Real-Time Prescription Benefit and Electronic Prior Authorization