Lungpacer AeroPace® System Documentation Guide for Temporary Transvenous Diaphragm Neurostimulation also referred to as Temporary Phrenic Neurostimulation

Documentation must describe each aspect of the procedures used when applying temporary transvenous diaphragm neurostimulation by each provider (e.g., physician(s), respiratory therapist(s), nurses, and other allied health professionals). This should be documented for the initial Neurostimulation Catheter placement and therapy session and for each subsequent therapy session with the AeroPace System. Temporary Transvenous Diaphragm Neurostimulation (also referred to Temporary Phrenic Neurostimulation Therapy) has multiple workflow elements:

- Insertion of the AeroPace® Neurostimulator Catheter, catheter positioning, connection of the Airway Sensor and AeroPace console to the mechanical ventilation system, mapping and programming, and twice daily therapy sessions

Typical Clinical Scenario

The patient is receiving mechanical ventilation for greater than 96 hours and is unable to wean. A physician orders temporary transvenous diaphragm neurostimulation (or temporary phrenic neurostimulation therapy) to improve weaning success.

Documentation and Chart Notes Overview

- Ensure mechanical ventilation > 96 hours is documented
- Describe attempts to wean
- Physician work/activities (see details below)
- Distinguish whether the AeroPace Neurostimulation Catheter is repositioned or replaced
- Describe mapping and programming activities/measurements
- Document **each** therapeutic session performed and by whom (e.g., Physician, Respiratory Therapist)

Medical Record Documentation Details

Insertion of AeroPace® Neurostimulation Catheter with Initial Transvenous Diaphragm Neurostimulation Therapy

- Inserted or replaced the percutaneous AeroPace® Neurostimulation Catheter via left subclavian or left jugular vein into the superior vena cava with catheter tip above the level of the carina via ultrasound guidance; confirmed placement
- Verified left phrenic nerve capture and diaphragmatic contractions
- Attached AeroPace Airway Sensor to the breathing circuit (mechanical ventilator) to the external neurostimulation console
- Performed initial temporary transvenous neurostimulation therapy session
  - Mapped and programmed AeroPace Neurostimulation Catheter
  - Selected combinations of electrodes
  - Determined stimulation threshold and detected pressure
  - When performed, repositioned the AeroPace® Neurostimulation Catheter by partially withdrawing or rotating it without removal, verified left phrenic nerve capture

Subsequent Temporary Transvenous Neurostimulation Therapy Sessions - Record for EACH Session

- Mapped and programmed AeroPace Neurostimulation Catheter
- Selected combinations of electrodes
- Determined stimulation threshold and detected pressure

- Repositioned the AeroPace® Neurostimulation Catheter (when performed) by partially withdrawing or rotating it without removal, verified left phrenic nerve capture

Align Documentation to Coding

Hospital Required ICD-10-PCS Coding to Identify the NTAP Eligible Service:

- X2H13XB Insertion of Temporary Phrenic Nerve/Diaphragm Stimulation Electrodes, Superior Vena Cava, Percutaneous Approach, New Technology Group 11
- 5A1955Z Respiratory ventilation, greater than 96 consecutive hours

Physician CPT* Coding for Insertion of AeroPace Neurostimulation Catheter, mapping and programming with initial therapy: CPT codes through June 30, 2026 – Select one code

- 37799 - Unlisted procedure, vascular surgery
- 93799 - Unlisted cardiovascular service or procedure

Physician CPT Coding for each Therapy Session: CPT code through June 30, 2026

- 94799 - Unlisted pulmonary service or procedure

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