Sentara® Health Plans

Medicare

Electric Stimulation, Medical 349

Table of Content

Description & Definitions
Criteria
Document History
Coding
Special Notes
References
Keywords

Effective Date	11/1/2026
Next Review Date	7/2027
Coverage Policy	Medical 349
Version	1

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

Carotid Sinus Stimulation, otherwise known as Baroreflex Activation Therapy (BAT), for Hypertension and Heart Failure is a device-based approach where pulse generators are implanted with leads placed adjacent to the carotid sinus to deliver electrical pulses to the carotid baroreceptors leading to increase in the parasympathetic outflow and inhibition of the sympathetic activity.

Criteria:

Carotid sinus stimulation for treatment of heart failure or hypertension is considered **non-covered/not medically necessary** to include but not limited to:

- Baroreflex activation therapy (BAT)
- Barostim Neo System
- Carotid sinus stimulation for treatment of heart failure or hypertension
- Rheos Baroreflex Hypertension Therapy System

Document History:

Revised Dates:

Reviewed Dates:

Origination Date: November 2026

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description

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
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only
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
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 setting0266T - Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming and repositioning, when performed)
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming and repositioning, when performed)
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only (includes intra-operative interrogation, programming and repositioning, when performed)
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming and repositioning, when performed)
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming and repositioning, when performed)

0270T	Revision or removal of carotid sinus baroreflex activation device; lead only (includes intra-operative interrogation, programming and repositioning, when performed)
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming and repositioning, when performed)
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communications 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 node, therapy start/stop times each day)
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communications 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 node, therapy start/stop times each day) with programming
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products:
  - Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
  - Please refer to Prior Authorization List for most up to date requirement. Search PAL List: Sentara Health Plans
- Special Notes:
  - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Medicare Search - MCD Search

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

Carotid Sinus Stimulation.