Medical Policy
Baroreflex Stimulation Devices

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Policy Number: 595
BCBSA Reference Number: 8.01.57

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO Blue SM and Medicare PPO Blue SM Members
Use of baroreflex stimulation implanted devices is INVESTIGATIONAL.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
This is NOT a covered service.

Commercial Members: PPO, and Indemnity
This is NOT a covered service.

Medicare Members: HMO Blue SM
This is NOT a covered service.

Medicare Members: PPO Blue SM
This is NOT a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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</thead>
<tbody>
<tr>
<td>0266T</td>
<td>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)</td>
</tr>
<tr>
<td>0267T</td>
<td>Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning when performed)</td>
</tr>
<tr>
<td>0268T</td>
<td>Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning when performed)</td>
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<tr>
<td>0269T</td>
<td>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)</td>
</tr>
<tr>
<td>0270T</td>
<td>Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning when performed)</td>
</tr>
<tr>
<td>0271T</td>
<td>Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning when performed)</td>
</tr>
<tr>
<td>0272T</td>
<td>Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor system diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day)</td>
</tr>
<tr>
<td>0273T</td>
<td>Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor system diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming</td>
</tr>
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Description

Resistant hypertension is defined as elevated blood pressure despite treatment with at least 3 antihypertensive agents at optimal doses. Treatment is mainly intensified drug therapy, sometimes with the use of non-traditional antihypertensive medications. However, control of resistant hypertension with additional medications is often challenging and can lead to high costs and frequent adverse effects of treatment. As a result, there is a need for additional treatments that can control resistant hypertension. Surgical treatment has been tried but is not widely accepted at the present time.

Baroreflex stimulation devices are used to provide baroreflex activation therapy®, which refers to electrical stimulation of the baroreceptors in the carotid arteries by means of an implanted device. The use of baroreflex stimulation devices has been proposed as a treatment for hypertension that is resistant to standard medications, as well as related conditions which are associated with high sympathetic tone.

Activation of the baroreflex causes inhibition of the sympathetic nervous system, resulting in a variety of physiologic changes, including slowed heart rate and decreased blood pressure. The baroreceptors are pressure sensors within the walls of the carotid arteries. They are part of the autonomic nervous system that regulates basic physiologic functions such as heart rate and blood pressure. When these receptors are stretched, as occurs with increases in blood pressure, the baroreflex is activated. Activation of the baroreflex sends signals to the brain, which responds by inhibiting sympathetic nervous system output.
and increasing parasympathetic nervous system output. The effect of this activation is to reduce heart rate and blood pressure, thereby helping to maintain homeostasis of the circulatory system.

An example of a baroreflex activation device is the Rheos® Hypertension system from CVRx. All baroreflex stimulation devices are considered investigational regardless of the commercial name, the manufacturer, or FDA approval status.

**Summary**
The use of baroreflex stimulation devices is a potential alternative treatment for resistant hypertension. Small, uncontrolled feasibility studies report short-term reductions in blood pressure, together with adverse events such as infection, hypoglossal nerve injury, and wound complications. Results of an randomized control trial (RCT) comparing baroreflex stimulation with continued medical therapy were published in 2011. This trial met some efficacy endpoints but not others. There was not a significant increase in the percent of patients achieving at least a 10 mm Hg decrease in SBP at 6 months, but more patients in the treatment group did reach a target systolic BP of 140 mm Hg or less at 6 months. The trial met 2 of 3 predefined safety endpoints. Further research from RCTs is needed to determine whether baroreflex activation therapy is effective in reducing blood pressure for patients with resistant hypertension. Because of limited evidence showing benefit this treatment is considered investigational.

**Policy History**
<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>12/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>1/1/2012</td>
<td>New policy, effective 1/1/2012, describing ongoing non-coverage.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**
Click on any of the following terms to access the relevant information:
- [Medical Policy Terms of Use](#)
- [Managed Care Guidelines](#)
- [Indemnity/PPO Guidelines](#)
- [Clinical Exception Process](#)
- [Medical Technology Assessment Guidelines](#)

**References**


