

AVEIR™ DR Dual Chamber Leadless Pacemaker (LP) System

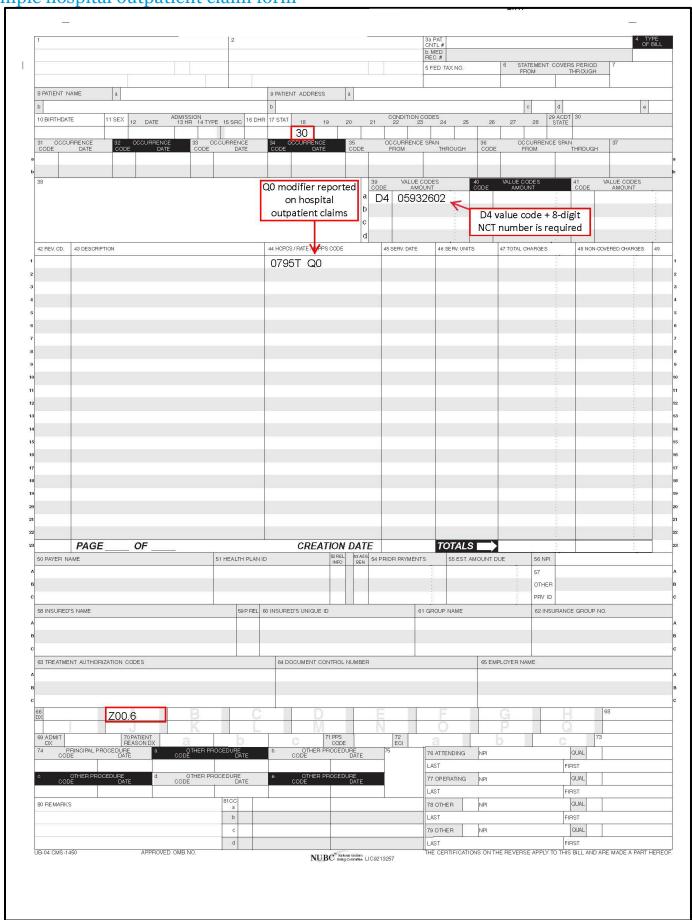
Medicare Coverage with Evidence Development Study Information: Institutional

This document summarizes billing information for the AVEIR™ DR Dual Chamber LP System per the CMS NCD 20.8.4¹. It is the responsibility of the hospital and/or physician to determine appropriate coding for a particular patient and/or procedure. Any claim should be coded appropriately and supported with adequate documentation in the medical record.

CODES/MODIFIERS/OTHERS	WHEN USED?
DIAGNOSIS CODES	
Applicable primary diagnosis codes	All cases
Z00.6* : Encounter for examination for normal comparison and control in clinical research program	All cases
Applicable secondary diagnosis codes	When appropriate
CPT, MODIFIER & HCPCS CODES	
0795T : Insertion of a permanent dual-chamber leadless pacemaker system, (right atrial and right ventricular components)	
0796T : Insertion of a permanent dual-chamber leadless pacemaker, <u>right atrial</u> pacemaker component (Upgrade to Dual Chamber LP, AR insertion with existing VR)	All outpatient cases
0797T : Insertion of permanent dual-chamber leadless pacemaker, <u>right ventricular</u> pacemaker component (Upgrade to Dual Chamber LP, VR insertion with existing AR)	
CPT Modifier Q0* : Investigational clinical service provided in a clinical research study that is in an approved clinical research study	All outpatient cases
ICD-10-PCS CODE	
<u>X</u> 2H63V9 + <u>X</u> 2HK3V9: DR Insertion	All <i>inpatient</i> cases
X2H63V9: Upgrade to Dual Chamber LP, AR insertion with existing VR	
02HK3NZ : Upgrade to Dual Chamber LP, VR insertion with existing AR	
CONDITION CODE	
30*: qualifying clinical trial	All cases
NCT NUMBER	
05932602*	All cases
VALUE CODE	
D4*	All cases

^{*}These codes are required by The Centers of Medicare and Medicaid to be included on each Traditional Medicare and Medicare Advantage claim.

Sample hospital outpatient claim form



Rx Only Brief Summary:

Prior to using these devices, please review the User's Guide for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use. The system is intended to be used with leads and associated extensions that are compatible with the system.

References:

- 1. National Coverage Determination Leadless Pacemakers 20.8.4: NCD Leadless Pacemakers (20.8.4) (cms.gov)
- 2. Medicare Claims Processing Manual, Chapter 32, Section 380 Leadless Pacemakers: Medicare Claims Processing Manual (cms.gov)
- 3. CMS UB-04 Form: Interactive UB-04 (palmettogba.com)

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MAT-2311271 v2.0 | Item approved for U.S. use only

