

AVEIR™ VR Single Chamber Leadless Pacemaker (LP) System

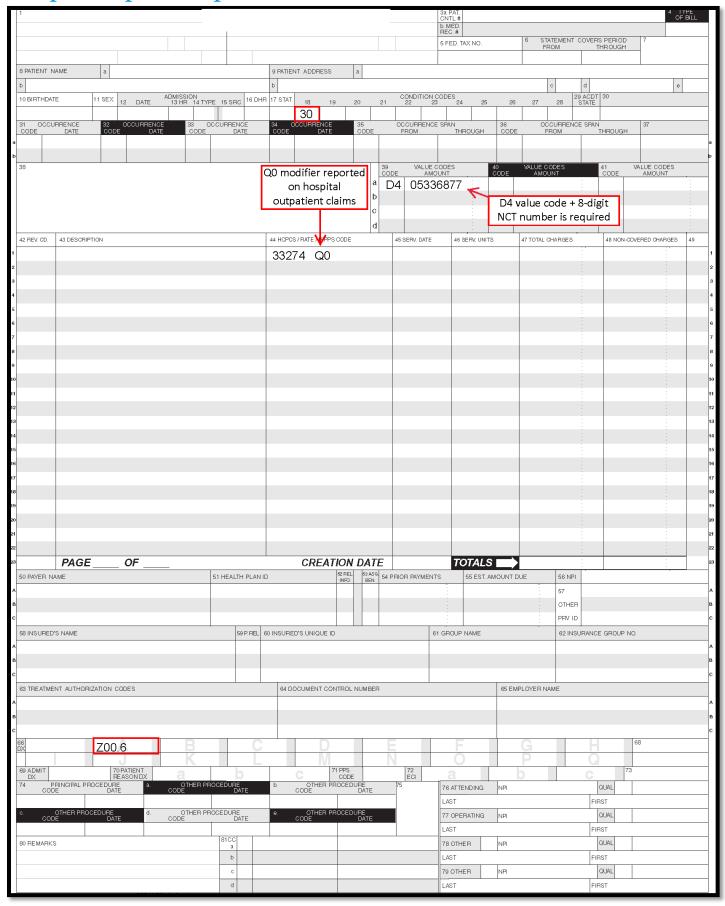
# Medicare Coverage with Evidence Development Study Information: Institutional

This document summarizes information for the AVEIR™ VR 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
<b>Z00.6*</b> : Encounter for examination for normal comparison and control in clinical research program	All cases
Applicable secondary diagnosis codes	When appropriate
CPT <sup>‡</sup> , MODIFIER & HCPCS CODES	
<b>33274</b> : Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed	All <b>outpatient</b> cases
<b>CPT<sup>‡</sup> Modifier Q0*</b> : Investigational clinical service provided in a clinical research study that is in an approved clinical research study	All <b>outpatient</b> cases
C1786 Pacemaker, single chamber, rate-responsive (implantable)	All <b>outpatient</b> cases
C1894 Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	All <i>outpatient</i> cases
ICD-10-PCS CODE	
<b>02HK3NZ</b> : Insertion of Intracardiac Pacemaker into Right Ventricle, Percutaneous approach	All <i>inpatient</i> cases
CONDITION CODE	
30*: qualifying clinical trial	All cases
NCT NUMBER	
05336877*	All cases
VALUE CODE	
D4*	All cases

<sup>\*</sup>These codes are required by The Centers of Medicare and Medicaid to be included on each Medicare 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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