



Abbott

AVEIR™ LEADLESS PACEMAKER SYSTEM MEDICARE PHYSICIAN CODING & PAYMENT REPORT

Hospital National

Physician Locale: National

Prepared On: Jan 22, 2026

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AVEIR™ VR Ventricular Leadless Pacemaker System Introduction

The AVEIR™ VR Ventricular Leadless Pacemaker (LP) System is a single-chamber pacing system implanted in a patient's right ventricular chamber of the heart. The LP is intended to provide sensing of intrinsic cardiac signals and delivery of cardiac pacing therapy for patients indicated for the therapy. As a leadless pacemaker, the AVEIR™ VR LP does not need a connector, pacing lead, or pulse generator pocket. The LP is delivered percutaneously via the femoral vein through an AVEIR™ Introducer and Delivery Catheter.

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AVEIR VR de novo

AVEIR AR/AVEIR AR2 de novo

AVEIR DR de novo & Upgrades

AVEIR™ VR de novo

Physician National

CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE LOCAL RATE		MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY	FACILITY	NON-FACILITY
IMPLANT						
33274	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.	7.61	\$420	NA	\$420	NA
REMOVAL						
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral ventriculography), when performed.	8.38	\$447	NA	\$447	NA
IN-PERSON DEVICE FOLLOW-UP						
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber.	0.63	\$31*	\$67	\$31*	\$67
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	0.42	\$20*	\$55	\$20*	\$55
PERI-PROCEDURE DEVICE PROGRAMMING; PACEMAKER						
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	0.29	\$14*	\$44	\$14*	\$44

* Facility rates shown with an * reflect payment when modifier 26 is used (i.e. payment only for the professional component).

NA: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount.

It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2026 - December 31, 2026

AVEIR™ AR/AVEIR™ AR2 Atrial Leadless Pacemaker System Introduction

The AVEIR™ AR/AVEIR™ AR2 Atrial Leadless Pacemaker (LP) System is a right atrial pacing system implanted in a patient's right atrial chamber of the heart. As a leadless pacemaker system, the AVEIR™ AR/AVEIR™ AR2 Atrial LPs do not need a connector, pacing lead, or pulse generator pocket. The LP is delivered percutaneously via the femoral vein through an AVEIR™ Introducer and Delivery Catheter.

Reimbursement Hotline

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AVEIR™ AR/AVEIR™ AR2 de novo

FDA approved June 29, 2023, the AVEIR™ AR/AVEIR™ AR2 Atrial Leadless Pacemaker (LP) is capable of pacing and sensing in the right atrium. Atrial pacing indications include sinus mode dysfunction and normal AV and intraventricular conduction systems.

The American Medical Association (AMA) has approved a series of Category III CPT‡ codes to report right atrial single chamber leadless pacemaker procedures. The Category III CPT‡ codes became effective on January 1, 2024. Category III CPT‡ codes are a set of temporary codes to report emerging technology, services, and procedures. These codes are intended to be used to track the usage of these services, and the data collected may be used to substantiate widespread usage by the AMA.

However, Category III codes are not valued and assigned a federal physician fee schedule by CMS. This document provides reference material related to general considerations for physician crosswalk payment for right atrial single chamber leadless pacemaker system procedures when performed consistent with the product's labeling.

Reporting a Category III CPT‡ Code

Physician Services Considerations for Atrial Single Chamber Leadless Pacemaker Procedures

Category III CPT‡ codes do not have an assigned payment rate (established Relative Value Unit (RVU)) in Medicare's physician fee schedule, and therefore private insurers do not have assignment of RVUs to use as a basis for setting physician payment. Since Category III CPT‡ codes do not have established RVUs, prior authorization requests (please note that traditional Medicare does not require prior authorization) and claims must generally be submitted with supporting documentation and may be subject to review. Comparable Category I CPT‡ codes that are similar to the Category III code may be identified to provide accurate information to payers for consideration when they are processing claims. By providing a comparable Category I CPT‡ code along with additional documentation, payers can better understand what took place during the procedure, and value it accordingly.

Payers will review each claim with a Category III CPT‡ code for right atrial single chamber leadless pacemaker procedures individually, and payment determinations will be made on a case-by-case basis. Therefore, it is strongly recommended that the provider contact payers to ensure the new Category III CPT‡ codes are included in contracts and to inquire about any guidelines for submission and documentation of these claims.

Recommended Supporting Documentation for Claim Submission (List is not comprehensive; check with your applicable payer)

1. A cover letter describing the services rendered and why the service was needed
2. Copy of operative report that details the procedure including provider's time and effort during procedure
 - Time, effort and equipment necessary to perform procedure
 - Include the relevant crosswalk Category I CPT‡ code for a comparable procedure while also noting any and all differences with the services provided for the right atrial single chamber leadless pacemaker procedure with an increase or decreased percentage of the work/time associated with the referenced comparable procedure



AVEIR™ AR/AVEIR™ AR2 de novo

3. Customized Letter of Medical Necessity for the patient receiving the procedure
4. Copy of FDA Approval Letter
5. Copy of published clinical data

Considerations when choosing a comparable procedure to reference in supporting documentation

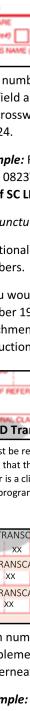
Physicians are encouraged to identify comparable crosswalk Category I CPT‡ codes to reference in supporting documentation provided with the claim submission when billing for leadless pacemaker procedures. Physicians will need to document in detail the work involved with specificity of time, the complexity of the procedure, and practice expense relative to comparable procedures with established RVUs and payment amounts.

Considerations when reporting a coding crosswalk on a claim

Physicians should report the appropriate Category III CPT‡ code for the procedure and bill an amount comparable to the crosswalk code. If a comparable crosswalk includes multiple units, then the explanation line should include all activity combined into one explanation (do not enter multiple lines of crosswalk codes). An example of a crosswalk comparison is below.



AVEIR™ AR/AVEIR™ AR2 de novo

		AVEIR™ AR/AVEIR™ AR2 CROSSWALK EXAMPLE FOR ILLUSTRATIVE PURPOSES ONLY	
CARRIER			
HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0212			
NUCC		NUCC	
1. MEDICARE MEDICO MEDICO TRICARE CHAMPVA GROUP HEALTH PLAN FECA BILINGUAL OTHER			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE	
4. INSURED'S I.D. NUMBER <small>(For Program in Item 1)</small>		5. INSURED'S NAME (Last Name, First Name, Middle Initial)	
6. INSURED'S ADDRESS (No., Street)		7. CITY STATE	
ZIP CODE TELEPHONE (Include Area Code)		8. INSURED'S POLICY GROUP OR FECA NUMBER	
9. INSURED'S DATE OF BIRTH MM DD YYYY		10. SEX	
11. OTHER CLAIM ID (Designated by NUCC)		12. INSURANCE PLAN NAME OR PROGRAM NAME	
13. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO IF NO, IF YES, COMPLETE ITEMS 9, 10, AND 11.		14. INSURED'S AUTHORIZED PERSON'S SIGNATURE I authorize the physician or supplier to bill my insurance company for services described below.	
15. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			
16. NTEADD Transcatheter ins of SC LP CPT 0823T crosswalk to 33274			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			
18. Q U Q U			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			
20. 006 must be reported to denote that the encounter is a clinical research program			
21. UNLESS ON INJURY REPORT 200.6			
22. Q0 modifier must be reported to denote that the clinical service is provided in an approved clinical research study			
23. PROOF OF AUTHORIZATION NUMBER CT06100770			
24. NTEADD TRANSCATHETER INS OF SC LP CPT 0823T CROSSWALK TO 33274			
25. ZZNOC TRANSCATHETER REM OF SC LP 0823T CROSSWALK TO 33275			
26. ZZNOC TRANSCATHETER RMV AND REPL OF SC LP 0825T CROSSWALK TO 33274			
27. ZZNOC TRANSCATHETER RMV AND REPL OF SC LP 0825T CROSSWALK TO 33274			
28. ITEM NUMBER DESCRIPTION UNIT QTY MODIFIER DIAGNOSTIC CODES CHARGES			
29. CHARGES			
30. TOTAL CHARGE			
31. BILLING PROVIDER INFO			
32. PAYMENT			
33. REMARKS			
34. SIGNATURE DATE			
35. PLEASE PRINT OR TYPE			
36. NUCC Instruction Manual available at: www.nucc.org			
37. APPROVED OMB 0938-1197 FORM 1500 (02-12)			
38. PHYSICIAN OR SUPPLIER INFORMATION			

AVEIR™ AR/AVEIR™ AR2 Atrial LP System Category III CPT‡ Codes

INSERTION

CPT‡ CODE	DESCRIPTION	WORK RVU
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	N/A

REMOVAL

CPT‡ CODE	DESCRIPTION	WORK RVU
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	N/A

REMOVAL & REPLACEMENT

CPT‡ CODE	DESCRIPTION	WORK RVU
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	N/A

PROGRAMMING

CPT‡ CODE	DESCRIPTION	WORK RVU
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	N/A

Effective Dates: January 1, 2026 - December 31, 2026



Category III Coding Crosswalk Examples

When considering comparable procedures, the following procedures may require similar effort, expertise, time and resource utilization. It is strongly encouraged that physicians include operative notes detailing the effort and time of the procedure to support adequate reimbursement.

(Coding options/examples presented below have been reviewed with independent consultants and certified coders).

Coding Crosswalk Options: AVEIR™ AR/AVEIR™ AR2 Atrial Leadless Pacemaker - Insertion

Potential CPT‡ code crosswalks for 0823T			
CPT‡ CODE	DESCRIPTION	2026 WORK RVU	2026 NATIONAL MEDICARE AVERAGE
33274	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	7.61	\$420

Coding Crosswalk Options: AVEIR™ AR/AVEIR™ AR2 Atrial Leadless Pacemaker - Removal

Potential CPT‡ code crosswalks for 0824T			
CPT‡ CODE	DESCRIPTION	2026 WORK RVU	2026 NATIONAL MEDICARE AVERAGE
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	8.38	\$447

Effective Dates: January 1, 2026 - December 31, 2026



Category III Coding Crosswalk Examples

Coding Crosswalk Options: AVEIR™ AR/AVEIR™ AR2 Atrial LP System Removal & Replacement

Potential CPT‡ Code Crosswalks for 0825T

CPT‡ CODE	DESCRIPTION	2026 WORK RVU	2026 NATIONAL MEDICARE AVERAGE
33274	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	7.61	\$420

Coding Crosswalk Options: AVEIR™ AR/AVEIR™ AR2 Atrial Leadless Pacemaker - Programming

Potential CPT‡ Code Crosswalks for 0826T

CPT‡ CODE	DESCRIPTION	2026 WORK RVU	2026 NATIONAL MEDICARE AVERAGE
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	0.63	\$67

Note: The Category I CPT‡ code represented in the above tables are provided for convenience for illustrative purposes only and are not meant to be all-inclusive.

Physicians are responsible for providing all information payers may require in support of a claim including selecting the appropriate Category I CPT‡ code comparator and for explaining how the work involved, including the time and complexity of the procedure and the practice expense, is similar to the procedure taking place.

Please note that where a Category III CPT‡ code is available it MUST be reported. Any comparator CPT‡ code identified should be included only in the supporting documentation submitted with the claim.

Effective Dates: January 1, 2026 - December 31, 2026



AVEIR™ DR Dual Chamber Leadless Pacemaker System Introduction

The AVEIR™ DR Dual Chamber Leadless Pacemaker (LP) System is a dual-chamber pacing system implanted in a patient's right ventricular and right atrial chambers of the heart. The LP system is intended to provide sensing of intrinsic cardiac signals and delivery of cardiac pacing therapy in both chambers for patients indicated for the therapy. As a leadless pacemaker system, the AVEIR™ DR Dual Chamber LPs do not need a connector, pacing lead, or pulse generator pocket. Each LP is delivered percutaneously via the femoral vein through an AVEIR™ Introducer and Delivery Catheter.

Reimbursement Hotline

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at 855-569-6430 or HCE@abbott.com. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this content.

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AVEIR™ DR de novo & Upgrades to DR

FDA approved June 29, 2023, the AVEIR™ DR Leadless Pacemaker (LP) System is capable of pacing and sensing in both chambers of the heart through the combination of an atrial leadless pacemaker and a ventricular leadless pacemaker. Dual chamber, leadless synchronous pacing between the atrium and the ventricle is made possible with implant-to-implant communication technology, capable of providing pacing for continuous, atrioventricular synchrony. On July 1, 2023, the American Medical Association (AMA) approved a series of Category III CPT‡ Codes to report dual chamber leadless pacemaker procedures. Category III CPT‡ codes are a set of temporary codes to report emerging technology, services, and procedures. These codes are intended to be used to track the usage of these services, and the data collected may be used to substantiate widespread usage by the AMA. However, Category III codes are not valued and assigned a federal physician fee schedule by CMS. This document provides reference material related to general considerations for physician crosswalk payment for dual chamber leadless pacemaker system procedures when performed consistent with the product's labeling.

Reporting a Category III CPT code for Physician services require special considerations, in that Category III CPT codes for Dual Chamber Leadless Pacemaker Procedures do not have an assigned payment rate (established RVU (Relative Value Unit)) in Medicare's physician fee schedule, and private insurers do not have assignment of RVUs to use as a basis for setting physician payment. Since Category III codes do not have established RVUs, prior authorization requests (please note that traditional Medicare does not require prior authorization) and claims must generally be submitted with supporting documentation and may be subject to review. Comparable Category I CPT‡ codes that are similar to the Category III code may be identified to provide accurate information to payers for consideration when they are processing claims. By providing a comparable Category I CPT‡ code, along with additional documentation, payers can better understand what took place during the procedure, and value it accordingly.

Payers will review each claim with a CPT‡ code for dual chamber leadless pacemaker procedures individually, and payment determinations will be made on a case-by-case basis. Therefore, it is strongly recommended that the provider contact payers to ensure the new Category III codes are included in contracts and to inquire about any guidelines for submission and documentation of these claims.

Recommended Supporting Documentation for Claim Submission (List is not comprehensive; check with your applicable payer)

1. A cover letter describing the services rendered and why the service was needed
2. Copy of operative report that details the procedure including provider's time and effort during procedure
 - Time, effort and equipment necessary to perform procedure
 - Include the relevant crosswalk Category I CPT‡ code for a comparable procedure while also noting any and all differences with the services provided for the dual chamber leadless pacemaker procedure with an increase or decreased percentage of the work/time associated with the referenced comparable procedure
3. Customized Letter of Medical Necessity for the patient receiving the procedure
4. Copy of FDA Approval Letter
5. Copy of published clinical data



AVEIR™ DR de novo & Upgrades to DR

Physicians are encouraged to identify comparable crosswalk Category I CPT‡ codes to reference in supporting documentation provided with the claim submission when billing for Dual Chamber Leadless Pacemaker procedures. Since the Category III CPT‡ code does not have established RVUs, payers do not have a pre-defined reference for establishing payment. Physicians will need to document in detail the work involved with specificity of time, the complexity of the procedure, and practice expense relative to comparable procedures with established RVUs and payment amounts.

Physicians should enter the appropriate Category III CPT‡ code for the procedure and bill an amount comparable to the crosswalk code. If a comparable crosswalk includes multiple units, then the explanation line should include all activity combined into one explanation (do not enter multiple lines of crosswalk codes). Applicable Category III codes for dual chamber leadless pacemaker procedures and an example of Crosswalk comparisons are included on the following pages in this section.



AVEIR™ DR de novo & Upgrades to DR

AVEIR DR CROSSWALK EXAMPLE
FOR ILLUSTRATIVE PURPOSES ONLY

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

ITEMS 19 & 24

Item number 19 is used to report additional claim information and this field allows for the entry of 71 characters. Due to this limitation, the crosswalk information is also entered into the Line Notes for Box 24.

Example: Report CPT³ code 33274 as the crosswalk code for CPT³ code 0795T. The entry may be reflected as **NTEADD TRANSCATHETER INS OF DC LP CPT 0795T CROSSWALK TO 33274 X2**

Additionally, item number 19 is used to report Prior Authorization numbers.

If you would like to provide detail that cannot be reported in item number 19 due to character limitation, submission of an attachment is permitted. Please refer to the most current instructions from the payer and NUCC.

ITEM 24

For paper claims, the eight-digit NCT number is reported with the prefix of **CT**. For electronic claims, the eight-digit NCT number is reported with no prefix.

Check payer-specific NCT guidelines.⁴

ITEM 28

The charges reported for the "T" codes should be comparable to the charges reported for the selected crosswalk CPT¹ code.

Example: You charge \$2500 for CPT¹ code 33274. Therefore, charges reported for CPT¹ code 0795T would be calculated based on \$2500 x2 units.

ITEMS 17 & 19

200.6 must be reported to denote that the encounter is a clinical research program

Q0 modifier must be reported to denote that the clinical service is proven in an approved clinical research study

ITEM 22

CT05932602

ITEM 24

Item number 24 Line Notes (shaded section) is used to report supplemental information related to the completed service line directly underneath it. This field allows for the entry of 61 characters.

Example: You will report CPT³ code 33274 as the crosswalk code for CPT³ code 0795T. The entry may be reflected as **ZZNOC TRANSCATH INS OF DC LP CPT 0795T CROSSWALK TO 33274 X2**

ITEM 24

No punctuation at the end

Approved OMB-0938-1197 FORM 1500 (02-12)



AVEIR™ DR Dual Chamber LP System Physician Coding

Category III Codes

INSERTION

CPT‡ CODE	DESCRIPTION	WORK RVU
0795T	Transcatheter insertion of a permanent dual chamber leadless pacemaker, (right atrial and right ventricular components)	N/A

REMOVAL

CPT‡ CODE	DESCRIPTION	WORK RVU
0798T	Transcatheter removal of permanent dual chamber leadless pacemaker (right atrial and right ventricular components)	N/A
0799T	Transcatheter removal of permanent dual chamber leadless pacemaker (right atrial component)	N/A
0800T	Transcatheter removal of permanent dual chamber leadless pacemaker (right ventricular component)	N/A

REMOVAL & REPLACEMENT

CPT‡ CODE	DESCRIPTION	WORK RVU
0801T	Transcatheter removal and replacement of permanent dual chamber leadless pacemaker (right atrial and right ventricular components)	N/A
0802T	Transcatheter removal and replacement of permanent dual chamber leadless pacemaker (right atrial component)	N/A
0803T	Transcatheter removal and replacement of permanent dual chamber leadless pacemaker (right ventricular component)	N/A

UPGRADE TO DUAL CHAMBER

CPT‡ CODE	DESCRIPTION	WORK RVU
0796T	Transcatheter insertion of a permanent dual chamber leadless pacemaker, right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual chamber leadless pacemaker system)	N/A
0797T	Transcatheter insertion of a permanent dual chamber leadless pacemaker, right ventricular pacemaker component (when part of a dual chamber leadless pacemaker system)	N/A

Effective Dates: January 1, 2026 - December 31, 2026





AVEIR VR de novo

AVEIR AR/AVEIR AR2 de novo

AVEIR DR de novo & Upgrades

AVEIR™ DR Dual Chamber LP System Physician Coding

PROGRAMMING DEVICE EVALUATION

CPT‡ CODE	DESCRIPTION	WORK RVU
0804T	Programming device evaluation (in person) with review and report by a physician or other qualified health care professional; leadless pacemaker system in dual cardiac chambers	N/A

Category I Code

INTERROGATION

CPT‡ CODE	DESCRIPTION	WORK RVU
93288	Interrogation device evaluation (in person) with analysis, review and report by physician or other qualified healthcare professional, includes connection, recording, and connection per patient encounter; single, dual or multiple lead pacemaker system, or leadless pacemaker system	0.42

Effective Dates: January 1, 2026 - December 31, 2026



Category III Coding Crosswalk Examples

When considering comparable procedures, the following procedures may require similar effort, expertise, time and resource utilization.

(Coding options/examples presented below have been reviewed with independent consultants and certified coders)

Coding Crosswalk Options: AVEIR™ DR Dual Chamber LP System Insertion

INSERTION

Potential CPT‡ code crosswalks for 0795T

CPT‡ CODE	DESCRIPTION	2026 WORK RVU	2026 NATIONAL MEDICARE AVERAGE
33274*	Insertion or replacement of a permanent leadless pacemaker, right ventricular	7.61 (11.4*)	\$420 (\$630*)
33340^ (LAOO Procedure)	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placements(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	9.99	\$619

*If inserting 2 devices, provider can report 2 units; second unit will be discounted to 50%; reimbursement will adjust to 1.5 units.

^33340 is an additional option when inserting 2 units.

Coding Crosswalk Options: AVEIR™ DR Dual Chamber LP System Upgrade

UPGRADE

Potential CPT‡ code crosswalks for 0796T, 0797T

CPT‡ CODE	DESCRIPTION	2026 WORK RVU	2026 NATIONAL MEDICARE AVERAGE
33274	Insertion or replacement of a permanent leadless pacemaker, right ventricular	7.61	\$420

Effective Dates: January 1, 2026 - December 31, 2026



Category III Coding Crosswalk Examples

Coding Crosswalk Options: AVEIR™ DR Dual Chamber LP System Removal

REMOVAL

Potential CPT‡ Code Crosswalks for 0798T, 0799T, 0800T

CPT‡ CODE	DESCRIPTION	2026 WORK RVU	2026 NATIONAL MEDICARE AVERAGE
33275*	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance, when performed.	8.38 (12.57*)	\$447 (\$671*)
33236^	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	12.41	\$778

*If removing both devices, provider can report 2 units; second unit will be discounted to 50%; reimbursement will adjust to 1.5 units.

^33236 is an additional option when removing both units.

Coding Crosswalk Options: AVEIR™ DR Dual Chamber LP System Removal & Replacement

REMOVAL & REPLACEMENT

Potential CPT‡ Code Crosswalks for 0801T, 0802T, 0803T

CPT‡ CODE	DESCRIPTION	2026 WORK RVU	2026 NATIONAL MEDICARE AVERAGE
33274*	Insertion or replacement of a permanent leadless pacemaker, right ventricular	7.61 (11.4*)	\$420 (\$630*)
33275*	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance, when performed.	8.38 (12.57*)	447 (\$671*)

*If removing/replacing both devices, provider can report 2 units; second unit will be discounted 50%, reimbursement to 1.5 units

It is strongly encouraged that physicians include op notes detailing the effort and time of the removal portion of the procedure to support adequate reimbursement.

Effective Dates: January 1, 2026 - December 31, 2026



Category III Coding Crosswalk Examples

Coding Crosswalk Options: AVEIR™ DR Dual Chamber LP System Programming

PROGRAMMING

Potential CPT‡ Code Crosswalks for 0804T

CPT‡ CODE	DESCRIPTION	2026 WORK RVU	2026 NATIONAL MEDICARE AVERAGE
93279*	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	.63* (.94*)	\$67 (\$101*)
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minute face-to-face time with physician or other qualified health care professional	0.91	\$42
95984+	Each additional 15 minutes (List separately in addition to code for primary procedure)	0.8	\$37

*Provider can report 2 units; second unit will be discounted to 50%; reimbursement will adjust to 1.5 units

+Can only be reported in conjunction with CPT 95983

Note: The Category I CPT‡ code represented in the above tables are provided for convenience for illustrative purposes only and are not meant to be all-inclusive. Physicians are responsible for providing all information payers may require in support of a claim including selecting the appropriate Category I CPT‡ code comparator and for explaining how the work involved, including the time and complexity of the procedure and the practice expense, is similar to the procedure taking place.

Please note that where a Category III code is available it MUST be reported. Any comparator CPT‡ code identified should be included only in the supporting documentation submitted with the claim.

Effective Dates: January 1, 2026 - December 31, 2026



AVEIR™ VR de novo

IMPORTANT SAFETY INFORMATION

Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

Indications: The Aveir™ Leadless Pacemaker system is indicated for patients with significant bradycardia and:

- Normal sinus rhythm with rare episodes of A-V block or sinus arrest
- Chronic atrial fibrillation
- Severe physical disability

Rate-Modulated Pacing is indicated for patients with chronotropic incompetence, and for those who would benefit from increased stimulation rates concurrent with physical activity.

Intended Use: The Aveir™ Leadless Pacemaker (LP) is designed to provide bradycardia pacing as a pulse generator with built-in battery and electrodes for implantation in the right ventricle. The LP is intended to provide sensing of intrinsic cardiac signals and delivery of cardiac pacing therapy to the target patient population.

The Aveir™ Delivery Catheter system is intended to be used in the peripheral vasculature and the cardiovascular system to deliver and manipulate an LP. Delivery and manipulation includes implanting an LP within the target chamber of the heart.

Contraindications: Use of the Aveir™ Leadless Pacemaker is contraindicated in these cases: Use of any pacemaker is contraindicated in patients with a co-implanted ICD because high-voltage shocks could damage the pacemaker and the pacemaker could reduce shock effectiveness. Single-chamber ventricular demand pacing is relatively contraindicated in patients who have demonstrated pacemaker syndrome, have retrograde VA conduction, or suffer a drop in arterial blood pressure with the onset of ventricular pacing. Programming of rate-responsive pacing is contraindicated in patients with intolerance of high sensor-driven rates. Use is contraindicated in patients with an implanted vena cava filter or mechanical tricuspid valve because of interference between these devices and the delivery system during implantation. Persons with known history of allergies to any of the components of this device may suffer an allergic reaction to this device. Prior to use on the patient, the patient should be counseled on the materials (listed in Product Materials section in IFU) contained in the device and a thorough history of allergies must be discussed.

Adverse Events: Potential complications associated with the use of the Aveir™ Leadless Pacemaker system are the same as with the use of single chamber pacemakers with active fixation pacing leads including, but not limited to: Cardiac perforation, Cardiac tamponade, Pericardial effusion, Pericarditis, Valve damage and/or regurgitation, Heart failure, Pneumothorax/hemothorax, Cardiac arrhythmias, Diaphragmatic/phrenic nerve stimulation / extra-cardiac stimulation, Palpitations, Hypotension, Syncope, Cerebrovascular accident, Infection, Hypersensitivity reaction to device materials, medications, or direct toxic effect of contrast media on kidney function, Pacemaker syndrome, Inability to interrogate or program the LP due to programmer or LP malfunction, Intermittent or complete loss of pacing and/or sensing due to dislodgement or mechanical malfunction of the LP (non-battery related), Loss of capture or sensing due to embolization or fibrotic tissue response at the electrode, Increased capture threshold, Inappropriate sensor response, Interruption of desired LP function due to electrical interference, either electromyogenic or electromagnetic, Battery malfunction/ premature battery depletion, Device-related complications (Premature deployment, Device dislodgement/embolization of foreign material, Helix distortion), Death.

As with any percutaneous catheterization procedure, potential complications include, but are not limited to: Vascular access complications (such as perforation, dissection, puncture, groin pain), Bleeding or hematoma, Thrombus formation, Thromboembolism, Air embolism, Local and systemic infection, Peripheral nerve damage, General surgery risks and complications from comorbidities (such as hypotension, dyspnea, respiratory failure, syncope, pneumonia, hypertension, cardiac failure, reaction to sedation, renal failure, anemia, and death).



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AVEIR™ AR/AVEIR™ AR2 de novo

IMPORTANT SAFETY INFORMATION

Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

Indications: The AVEIR™ Leadless Pacemaker system is indicated for management of one or more of the following permanent conditions: Syncope, Pre-syncope, Fatigue, Disorientation. Rate-modulated pacing is indicated for patients with chronotropic incompetence, and for those who would benefit from increased stimulation rates concurrent with physical activity. Dual-chamber pacing is indicated for patients exhibiting: Sick sinus syndrome, Chronic, symptomatic second- and third-degree AV block, Recurrent Adams-Stokes syndrome, Symptomatic bilateral bundle-branch block when tachyarrhythmia and other causes have been ruled out. Atrial pacing is indicated for patients with: Sinus node dysfunction and normal AV and intraventricular conduction systems. Ventricular pacing is indicated for patients with: Significant bradycardia and normal sinus rhythm with only rare episodes of AV block or sinus arrest, Chronic atrial fibrillation, Severe physical disability. MR Conditional: The AVEIR Leadless Pacemaker is conditionally safe for use in the MRI environment and according to the instructions in the MRI-Ready Leadless System Manual.

Intended Use: The AVEIR™ Leadless Pacemaker (LP) is designed to provide bradycardia pacing as a pulse generator with built-in battery and electrodes for implantation in the right ventricle and/or right atrium. The LP is intended to provide sensing of intrinsic cardiac signals and delivery of cardiac pacing therapy within the implanted chamber for the target treatment group. The LP is also intended to operate optionally with another co-implanted LP to provide dual-chamber pacing therapy. The AVEIR™ Delivery Catheter is intended to be used in the peripheral vasculature and the cardiovascular system to deliver and manipulate an LP. Delivery and manipulation includes implanting an LP within the target chamber of the heart.

Contraindications: Use of the AVEIR™ Leadless Pacemaker is contraindicated in these cases:

- Use of any pacemaker is contraindicated in patients with a co-implanted ICD because high-voltage shocks could damage the pacemaker and the pacemaker could reduce shock effectiveness.
- Single-chamber ventricular demand pacing is relatively contraindicated in patients who have demonstrated pacemaker syndrome, have retrograde VA conduction, or suffer a drop in arterial blood pressure with the onset of ventricular pacing.
- Programming of rate-responsive pacing is contraindicated in patients with intolerance of high sensor driven rates.
- Use is contraindicated in patients with an implanted vena cava filter or mechanical tricuspid valve because of interference between these devices and the delivery system during implantation.
- Persons with known history of allergies to any of the components of this device may suffer an allergic reaction to this device. Prior to use on the patient, the patient should be counseled on the materials (listed in the Product Materials section of the IFU) contained in the device and a thorough history of allergies must be discussed.

Adverse Events: Potential complications associated with the use of the AVEIR™ Leadless Pacemaker system are the same as with the use of single or dual chamber pacemakers with active fixation pacing leads including, but not limited to: Cardiac perforation, Cardiac tamponade, Pericardial effusion, Pericarditis, Valve damage and/or regurgitation, Heart failure, Pneumothorax/hemothorax, Cardiac arrhythmias, Diaphragmatic/phrenic nerve stimulation / extra-cardiac stimulation, Palpitations, Hypotension, Syncope, Cerebrovascular accident, Infection, Hypersensitivity reaction to device materials, contrast media, medications, or direct toxic effect of contrast media on kidney function, Pacemaker syndrome, Inability to interrogate or program the LP due to programmer or LP malfunction, Intermittent or complete loss of pacing and/or sensing due to dislodgement or mechanical malfunction of the LP (non-battery related), Loss of capture or sensing due to embolization or fibrotic tissue response at the electrode, Increased capture threshold, Inappropriate sensor response, Interruption of desired LP function due to electrical interference, either electromyogenic or electromagnetic, Battery malfunction/ premature battery depletion, Device-related complications (Premature deployment, Device dislodgement/embolization of foreign material, Helix distortion), Death. As with any percutaneous catheterization procedure, potential complications include, but are not limited to: Vascular access complications; such as perforation, dissection, puncture, groin pain, Bleeding or hematoma, Thrombus formation, Thromboembolism, Air embolism, Local and systemic infection, Peripheral nerve damage. General surgery risks and complications from comorbidities; such as hypotension, dyspnea, respiratory failure, syncope, pneumonia, hypertension, cardiac failure, reaction to sedation, renal failure, anemia, and death.



AVEIR™ DR de novo & Upgrades to DR

IMPORTANT SAFETY INFORMATION

Rx Only

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Adverse Events: Potential complications associated with the use of the AVEIR™ Leadless Pacemaker system are the same as with the use of single or dual chamber pacemakers with active fixation pacing leads including, but not limited to: Cardiac perforation, Cardiac tamponade, Pericardial effusion, Pericarditis, Valve damage and/or regurgitation, Heart failure, Pneumothorax/hemothorax, Cardiac arrhythmias, Diaphragmatic/phrenic nerve stimulation / extra-cardiac stimulation, Palpitations, Hypotension, Syncope, Cerebrovascular accident, Infection, Hypersensitivity reaction to device materials, contrast media, medications, or direct toxic effect of contrast media on kidney function, Pacemaker syndrome, Inability to interrogate or program the LP due to programmer or LP malfunction, Intermittent or complete loss of pacing and/or sensing due to dislodgement or mechanical malfunction of the LP (non-battery related), Loss of capture or sensing due to embolization or fibrotic tissue response at the electrode, Increased capture threshold, Inappropriate sensor response, Interruption of desired LP function due to electrical interference, either electromyogenic or electromagnetic, Battery malfunction/ premature battery depletion, Device-related complications (Premature deployment, Device dislodgement/embolization of foreign material, Helix distortion), Death. As with any percutaneous catheterization procedure, potential complications include, but are not limited to: Vascular access complications; such as perforation, dissection, puncture, groin pain, Bleeding or hematoma, Thrombus formation, Thromboembolism, Air embolism, Local and systemic infection, Peripheral nerve damage. General surgery risks and complications from comorbidities; such as hypotension, dyspnea, respiratory failure, syncope, pneumonia, hypertension, cardiac failure, reaction to sedation, renal failure, anemia, and death.



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