FREQUENTLY ASKED QUESTIONS (FAQs)

AVEIR™ LP System: CY 2027 CMS Outpatient Payment Update

What changed in hospital outpatient (OPPS) payment for the AVEIR™ Leadless Pacemaker (LP) System, and what it means for hospitals.

KEY TAKEAWAYS

- **AVEIR™ DR** (0795T, 0801T) moves to APC 5232: $34,732.
- **AVEIR™ AR** (0823T, 0796T, 0802T, 0825T) moves to APC 5231: $24,708.
- **All other AVEIR™ LP System codes**, including AVEIR™ VR (33274), stay in APC 5224 at $21,092.
- **C1605 pass-through** for AVEIR™ DR continues through June 30, 2027. New OPPS rates take effect January 1, 2027.
- **C1605 reporting:** C1605 describes the full AVEIR™ DR LP System (both leadless pacemakers, both delivery catheters and the introducer) and is associated with 0795T or 0801T. Hospitals are responsible for their own coding decisions.

OUTPATIENT RATES AT A GLANCE (CY 2027 OPPS FINAL RULE)

Product	CPT‡ codes	CY 2026 APC / rate	CY 2027 APC / rate	% Change	Pass-through (C1605)
AVEIR™ DR	0795T, 0801T	5224 / $19,679	5232 / $34,732	76.5%	Yes, through June 30, 2027
AVEIR™ AR	0823T, 0796T, 0802T, 0825T	5224 / $19,679	5231 / $24,708	25.6%	No
AVEIR™ VR	33274, 0797T, 0803T	5224 / $19,679	5224 / $21,092	7.2%	No

Medicare national unadjusted rates for services furnished on or after January 1, 2027. Hospital payment varies by wage index and other adjustments.

ABOUT THE CHANGE

Why did CMS reassign these codes?

The Centers for Medicare & Medicaid Services (CMS) groups procedures into Ambulatory Payment Classifications (APCs) based on clinical similarity and resource use. For CY 2027, the AVEIR™ AR and AVEIR™ DR procedures were reassigned from APC 5224 to APCs 5231 and 5232, respectively. APCs 5224, 5231, and 5232 remain within the same clinical family; therefore, the clinical classification of the procedures does not change.

Does this affect ASC or physician payment?

No. The change applies only to hospital outpatient facility payment under the OPPS. Ambulatory Surgical Center (ASC) rates and the Medicare Physician Fee Schedule (MPFS) are set separately.

Where can I find the rule?

CY 2027 OPPS/ASC Final Rule (CMS-1850-FC), published in the Federal Register on November 4, 2026. APC assignments and payment rates are in Addendum B.

AVEIR™ DR: HOW C1605 PASS-THROUGH WORKS IN 2027

THROUGH DEC 31, 2026
APC 5224 + C1605 pass-through
$19,679 APC payment plus separate device pass-through

JAN 1 – JUN 30, 2027
APC 5232 + C1605 pass-through
$34,732 APC payment; pass-through amount may be lower (higher device offset)

FROM JUL 1, 2027
APC 5232; C1605 packaged
$34,732 APC payment; C1605 packaged, no separate payment

Why could the pass-through amount drop on January 1?

Pass-through payment for a device is reduced by a device offset amount tied to the procedure's APC. Because APC 5232 has a different payment rate than APC 5224, the separate pass-through amount for C1605 may change.

Can pass-through be extended?

No. Pass-through status is time-limited by statute and regulation, ending on June 30, 2027.

What happens to C1605 after pass-through ends?*

C1605 describes the AVEIR™ DR LP System, including both leadless pacemakers, both delivery catheters, and the introducer. After pass-through expires on June 30, 2027, C1605 will no longer be paid separately; device payment is packaged into the APC payment for 0795T or 0801T.

Is there pass-through for AVEIR™ AR or AVEIR™ VR?

No. C1605 applies only to AVEIR™ DR procedures reported with 0795T or 0801T.

Questions

Reimbursement questions: LeadlessReimbursement@Abbott.com, 8 a.m.–5 p.m. Central, Monday–Friday.
Information reflects the CY 2027 OPPS proposed rule and is provided for general reference only. It is not legal or coding advice. Providers are responsible for determining appropriate codes, charges and medical necessity for services furnished.

* CMS uses cost information on hospital claims when setting future APC payment rates. Hospitals are responsible for determining appropriate codes and charges; refer to applicable CMS guidance on reporting device C-codes.

References:

1. CY 2027 Hospital Outpatient Prospective Payment- Final Rule with Comment Period. (CMS-1850-FC). https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1850-fc
2. Abbott CY 2026 OPPS prospectus (APC 5224 rate): https://www.cardiovascular.abbott/content/dam/cv/cardiovascular/cv-live-site/hcp/reimbursement/electrophysiology/CMS%20Outpatient%20and%20ASC%20Reimbursement%20Prospectus.pdf

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