



AVEIR™ DR Dual Chamber Leadless Pacemaker (LP) System

Medicare Coverage with Evidence Development Study Information: Professional

This document summarizes billing information for the AVEIR™ DR Dual Chamber LP System per the CMS NCD 20.8.4¹. It is the physician's responsibility 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‡ CODE & MODIFIER	
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 0797T : Insertion of permanent dual-chamber leadless pacemaker, <u>right ventricular</u> pacemaker component Upgrade to Dual Chamber LP, VR insertion with existing AR	All cases
Modifier Q0* : Investigational clinical service provided in a clinical research study that is in an approved clinical research study	All cases
NCT NUMBER	
05932602*	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 professional claim form



AVEIR DR
FOR ILLUSTRATIVE PURPOSES ONLY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 08/12

CARRIER

1. MEDICARE (Medicare) MEDICAID (Medical) TRICARE (ICAW/OIG) CHAMPVA (Member/OIG) GROUP HEALTH PLAN (OIG) FECA BENEFIT (OIG) OTHER (OIG)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other)

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. CITY STATE

10. CITY STATE

11. ZIP CODE TELEPHONE (Include Area Code)

PATIENT AND INSURED INFORMATION

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 CPT code 33274 as the crosswalk code for CPT 0795T. The entry may be reflected as NTEADDTranscatheter insertion of dual chamber LP CPT 0795T crosswalk to 33274

No punctuation at the end and no space between the NTEADD qualifier prefix.

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.

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.

Z00.6 must be reported to denote that the encounter is in a clinical research program.

Z00.6

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

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

Example: You charge \$2500 for CPT code 33274. Therefore charges reported for 0795T would be calculated based on \$2500 x 2 units.

PHYSICIAN OR SUPPLIER INFORMATION

12. NAME OF REFERRING PROVIDER OR OTHER SOURCE

13. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
NTEADDTranscatheter ins of dual chamber LP CPT 0795T crosswalk to 33274

14. ICD-9-CM CODE (ICD-9-CM) ICD-9-CM EXTENSION (ICD-9-CM) ICD-9-CM CLINICAL REF. NO.

15. ICD-9-CM PROCEDURE CODE (ICD-9-CM) ICD-9-CM EXTENSION (ICD-9-CM) ICD-9-CM CLINICAL REF. NO.

16. ICD-9-CM CLINICAL REF. NO.

17. DATE OF ILLNESS OR INJURY (Relate ALL to service line below (24E))

18. DATE OF SERVICE (DD/MY)

19. PLACE OF SERVICE (EMG) CPT/PROC CODE MODIFIER

20. CHARGES

21. DAYS OR UNITS

22. PRESENT PARTIAL

23. PRIOR AUTHORIZATION NUMBER
CT05932602

LINE	ICD-9-CM CODE	ICD-9-CM EXTENSION	ICD-9-CM CLINICAL REF. NO.	ICD-9-CM PROCEDURE CODE	ICD-9-CM EXTENSION	ICD-9-CM CLINICAL REF. NO.	CHARGES	DAYS OR UNITS	PRESENT PARTIAL
1	XX	XX	XX	XX	XX	XX	999999.00	2	
2	XX	XX	XX	XX	XX	XX	999999.00	2	
3	XX	XX	XX	XX	XX	XX	999999.00	2	

24. LINE NOTES (shaded section)

25. F. TOTAL CHARGE

26. BILLING PROVIDER INFO & PH

27. SIGNATURE

28. DATE

29. NPI

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 CPT code 33274 as the crosswalk code for CPT 0795T. The entry may be reflected as ZZNOC TRANSCATHETER INSERTION OF DUAL CHAMBER LP CPT 0795T CROSSWALK TO XXXXX

No punctuation at the end.

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-1500 Paper Form: [Interactive CMS-1500 \(palmettogba.com\)](#)
4. CMS Manual System, Pub 100-04 Medicare Claims Processing, Transmittal 3815: [R3815CP \(cms.gov\)](#)

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