CardioMEMS™ HF System

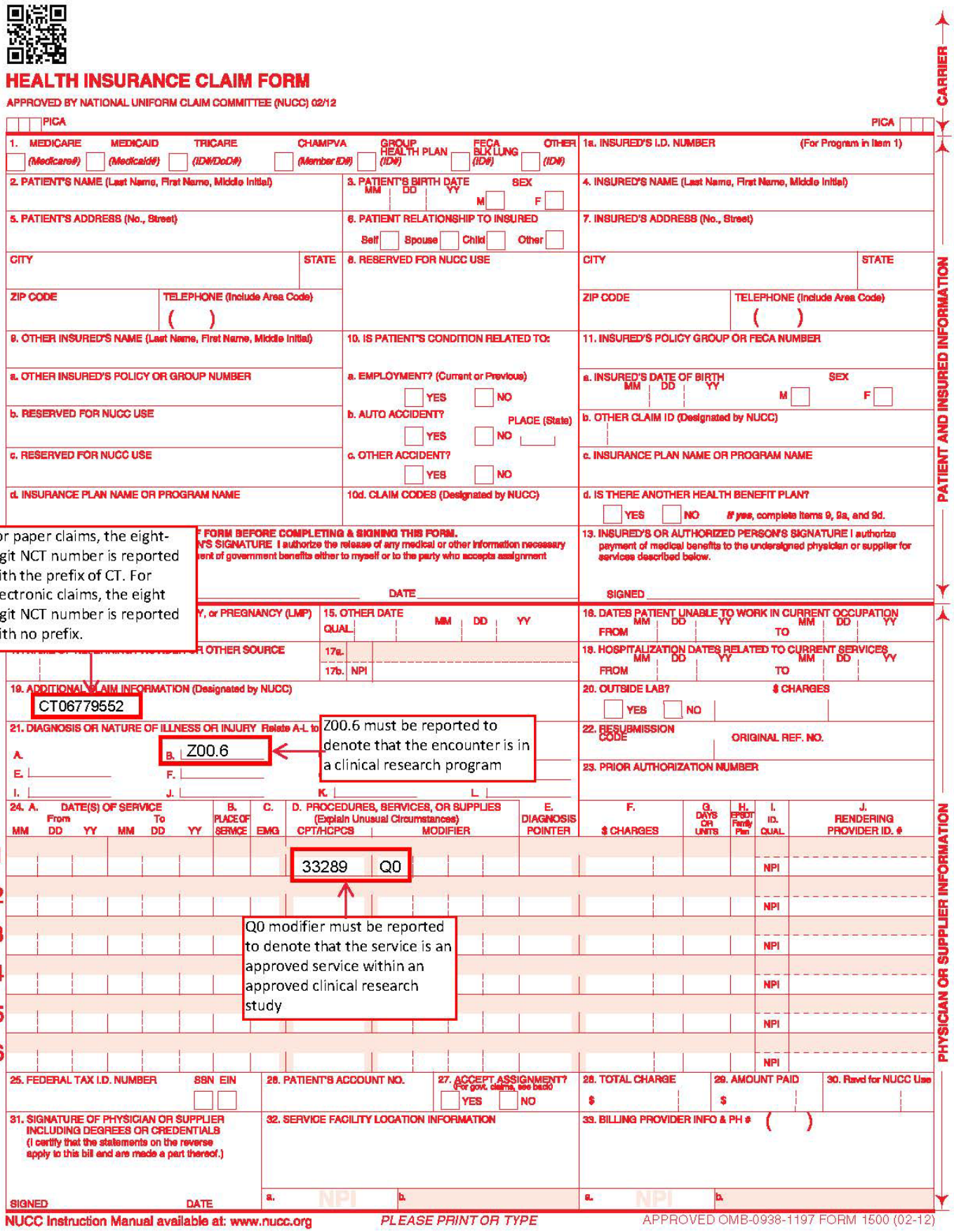
Medicare Coverage with Evidence Development Study Information: Professional

This document summarizes the Centers for Medicare & Medicaid Services (CMS) billing requirements for traditional Medicare and Medicare Advantage patients for the CardioMEMS™ HF System, which is covered by a National Coverage Determination (NCD) under Coverage with Evidence Development (CED). 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	CMS REQUIREMENT
DIAGNOSIS CODES	
Applicable primary diagnosis codes	Yes, in all cases
Z00.6*: Encounter for examination for normal comparison and control in clinical research program	Yes, in all cases
Applicable secondary diagnosis codes	If applicable
CPT‡ CODE & MODIFIER	
33289: Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography	Yes, in all cases
Modifier Q0*: Investigational clinical service provided in a clinical research study that is in an approved clinical research study	Yes, in all cases
NCT NUMBER	
NCT06779552*	Yes, in all cases

*These codes are unique requirements because of the CED

SAMPLE PROFESSIONAL CLAIM FORM



HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

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)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

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

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

F FORM BEFORE COMPLETING & SIGNING THIS FORM.
N'S SIGNATURE I authorize the release of any medical or other information necessary
ent of government benefits either to myself or to the party who accepts assignment

DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

Y, or PREGNANCY (LMP)

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

R OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

CT06779552

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to

A.

B. Z00.6

E. F.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1				33289	Q0					NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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

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

Important Safety Information

CardioMEMS™ HF System

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.

CardioMEMS™ HF System Indications and Usage: The CardioMEMS HF System is indicated for wirelessly measuring and monitoring pulmonary artery pressure and heart rate in NYHA Class II or III heart failure patients who either have been hospitalized for heart failure in the previous year and/or have elevated natriuretic peptides. The hemodynamic data are used by physicians for heart failure management with the goal of controlling pulmonary artery pressures and reducing heart failure hospitalizations.

CardioMEMS™ HF System Contraindications: The CardioMEMS™ HF System is contraindicated for patients with an inability to take dual antiplatelet or anticoagulants for one month post implant.

CardioMEMS™ HF System Potential Adverse Events: Potential adverse events associated with the implantation procedure include, but are not limited to, the following: air embolism, allergic reaction, infection, delayed wound healing, arrhythmias, bleeding, hemoptysis, hematoma, nausea, cerebrovascular accident, thrombus, cardiovascular injury, myocardial.

References:

- Implanted Pulmonary Artery Pressure Sensor for Heart Failure Management National Coverage Final Decision Memo
- Medicare Claims Processing Manual,**:** Medicare Claims Processing Manual (cms.gov)
- CMS-1500 Paper Form: Interactive CMS-1500 (palmettogba.com)
- 2025 ICD-10-CM. https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf

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CardioMEMS™ HF System

Medicare Coverage with Evidence Development Study Information: Institutional

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33289: Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography	Only **outpatient** cases
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	
02HQ30Z: Insertion of pressure sensor monitoring device into right pulmonary artery, percutaneous approach	Only **Inpatient** cases
02HR30Z: Insertion of pressure sensor monitoring device into left pulmonary artery, percutaneous approach	Only **Inpatient** cases
CONDITION CODE	
30*: qualifying clinical trial	Yes, in all cases
NCT NUMBER	
NCT06779552	Yes, in all cases
VALUE CODE	
D4*	Yes, in all cases

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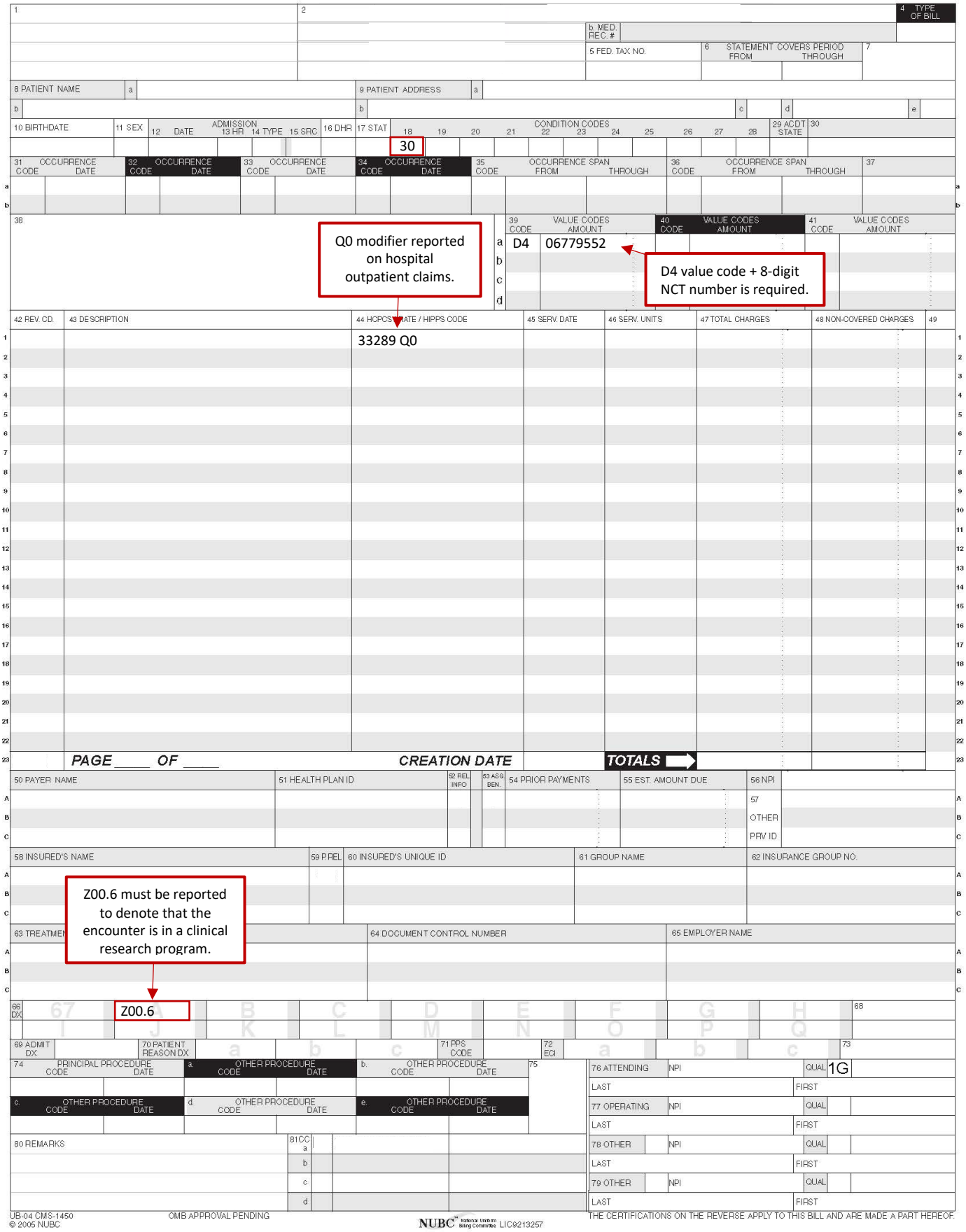
SAMPLE INSTITUTIONAL CLAIM FORM



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References:

- National Coverage Determination CardioMEMS : NCD Final Decision Memo CardioMEMS
- CMS UB-04 Form: Interactive UB-04 (palmettogba.com)
- 2025 ICD-10-PCS: https://www.cms.gov/files/document/2025-official-icd-10-pcs-coding-guidelines.pdf
- 2025 ICD-10-CM: https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf
- Coverage with Evidence Development: Coverage with Evidence Development | CMS
- D4 Value Code for Institutional Claim Form UB-04: D4 MM5790

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