

AVEIR™ DR Dual Chamber Leadless Pacemaker (LP) System

# Medicare Coverage with Evidence Development Study Information: Institutional

This document summarizes billing information for the AVEIR™ DR Dual Chamber LP System per the CMS NCD 20.8.4<sup>1</sup>. 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?
<b>DIAGNOSIS CODES</b>	
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
<b>CPT, MODIFIER &amp; HCPCS CODES</b>	
<b>0795T</b> : Insertion of a permanent dual-chamber leadless pacemaker system, (right atrial and right ventricular components) <b>0796T</b> : Insertion of a permanent dual-chamber leadless pacemaker, <u>right atrial</u> pacemaker component (Upgrade to Dual Chamber LP, AR insertion with existing VR) <b>0797T</b> : Insertion of permanent dual-chamber leadless pacemaker, <u>right ventricular</u> pacemaker component (Upgrade to Dual Chamber LP, VR insertion with existing AR)	All <i>outpatient</i> cases
<b>CPT Modifier Q0*</b> : Investigational clinical service provided in a clinical research study that is in an approved clinical research study	All <i>outpatient</i> cases
<b>ICD-10-PCS CODE</b>	
<b>X2H63V9 + X2HK3V9</b> : DR Insertion <b>X2H63V9</b> : Upgrade to Dual Chamber LP, AR insertion with existing VR <b>02HK3NZ</b> : Upgrade to Dual Chamber LP, VR insertion with existing AR	All <i>inpatient</i> cases
<b>CONDITION CODE</b>	
<b>30*</b> : qualifying clinical trial	All cases
<b>NCT NUMBER</b>	
<b>05932602*</b>	All cases
<b>VALUE CODE</b>	
<b>D4*</b>	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 hospital outpatient claim form

1										2										3a PAT. CNTL #		4 TYPE OF BILL																											
8 PATIENT NAME										9 PATIENT ADDRESS										5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																									
10 BIRTHDATE										11 SEX		12 DATE		ADMISSION 13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION CODES 22		23		24		25		26		27		28		29 ACCT STATE		30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE		OCCURRENCE SPAN FROM		THROUGH		36 CODE		OCCURRENCE SPAN FROM		THROUGH		37		38		39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT															
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D4		05932602																																															
42 REV. CD.		43 DESCRIPTION										44 HCPCS / RATE / PPS CODE										45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																			
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50 PAYER NAME										51 HEALTH PLAN ID										52 REL INFO		53 ASG BEN		54 PRIOR PAYMENTS		55 EST AMOUNT DUE		56 NPI		57 OTHER PRV ID																			
A										B										C		D		E		F		G																					
58 INSURED'S NAME										59 P. REL		60 INSURED'S UNIQUE ID										61 GROUP NAME		62 INSURANCE GROUP NO.																									
A										B		C										D		E																									
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																													
A										B										C																													
66 DX		Z00.6										67		68																																			
A		B										C		D																																			
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECI		73																																			
74 PRINCIPAL PROCEDURE CODE		a		b		c		75		76 ATTENDING NPI		QUAL																																					
77 OPERATING NPI		QUAL		LAST		FIRST																																											
78 OTHER NPI		QUAL		LAST		FIRST																																											
79 OTHER NPI		QUAL		LAST		FIRST																																											
80 REMARKS		81 CC a		b		c		d																																									

Q0 modifier reported on hospital outpatient claims

D4 value code + 8-digit NCT number is required

**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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**Abbott**

3200 Lakeside Dr., Santa Clara, CA 95054 USA Tel: 1.800.227.9902  
www.cardiovascular.abbott

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