

AVEIR™ VR Single Chamber Leadless Pacemaker (LP) System Medicare Coverage with Evidence Development Study Information: Institutional

This document summarizes information for the AVEIR™ VR LP System per the CMS NCD 20.8.4¹. 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?
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[‡], MODIFIER & HCPCS CODES	
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	All <i>outpatient</i> cases
CPT[‡] Modifier Q0* : Investigational clinical service provided in a clinical research study that is in an approved clinical research study	All <i>outpatient</i> cases
C1786 Pacemaker, single chamber, rate-responsive (implantable)	All <i>outpatient</i> cases
C1894 Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	All <i>outpatient</i> cases
ICD-10-PCS CODE	
02HK3NZ : Insertion of Intracardiac Pacemaker into Right Ventricle, Percutaneous approach	All <i>inpatient</i> cases
CONDITION CODE	
30* : qualifying clinical trial	All cases
NCT NUMBER	
05336877*	All cases
VALUE CODE	
D4*	All cases

*These codes are required by The Centers of Medicare and Medicaid to be included on each Medicare claim.

Sample hospital outpatient claim form

1														3a PAT. CNTL #			4 TYPE OF BILL																						
														b. MED. REG. #																									
														5 FED. TAX NO.			6 STATEMENT COVERS PERIOD FROM			7 THROUGH																			
8 PATIENT NAME				a				9 PATIENT ADDRESS				a				b				c				d				e											
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 ACDT STATE		30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE W PPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
																a D4 05336877										33274 Q0													
PAGE ____ OF ____														CREATION DATE														TOTALS											
50 PAYER NAME				51 HEALTH PLAN ID				52 REL. INFO		53 ASSO. BEN.		54 PRIOR PAYMENTS				55 EST. AMOUNT DUE				56 NPI				57 OTHER PERM ID															
58 INSURED'S NAME				59 P. FEL.				60 INSURED'S UNIQUE ID				61 GROUP NAME				62 INSURANCE GROUP NO.																							
63 TREATMENT AUTHORIZATION CODES								64 DOCUMENT CONTROL NUMBER								65 EMPLOYER NAME																							
66 DX		Z00.6		B		C		D		E		F		G		H		68																					
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECI		a		b		c		73																			
74 PRINCIPAL PROCEDURE CODE		74 OTHER PROCEDURE CODE		75		76 ATTENDING NPI		76 QUAL		76 LAST		76 FIRST		77 OPERATING NPI		77 QUAL		77 LAST		77 FIRST																			
80 REMARKS		81CC a		b		c		d		78 OTHER NPI		78 QUAL		78 LAST		78 FIRST		79 OTHER NPI		79 QUAL		79 LAST		79 FIRST															

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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