HEALTH ECONOMICS & REIMBURSEMENT

PHYSICIAN CODING AND CROSSWALK GUIDE

AVEIR™ AR Right Atrial Leadless Pacemaker

FDA approved June 29, 2023, the AVEIR™ AR Right Atrial Leadless Pacemaker (LP) is capable of pacing and sensing in the right atrium. Atrial pacing indications include sinus mode dysfunction and normal AV and intraventricular conduction systems.

The American Medical Association (AMA) has approved a series of Category III CPT‡ codes to report right atrial single chamber leadless pacemaker procedures. The Category III CPT‡ codes became effective on January 1, 2024. Category III CPT‡ codes are a set of temporary codes to report emerging technologies, services, and procedures.[1] These codes are intended to be used to track the usage of these services, and the data collected may be used to substantiate widespread usage by the AMA.

However, Category III CPT‡ codes are not valued and assigned a federal physician fee schedule by CMS. This document provides reference material related to general considerations for physician crosswalk payment for right atrial single chamber leadless pacemaker system procedures when performed consistent with the product's labeling.

AVEIR™ AR Right Atrial LP System Category III CPT‡ Codes[2]

INSERTION

CPT‡ Code	Description	Work RVU
0823T	Transcatheter **insertion** of permanent single-chamber leadless pacemaker, **right atrial**, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (e.g., interrogation or programming), when performed	N/A

REMOVAL

CPT‡ Code	Description	Work RVU
0824T	Transcatheter **removal** of permanent single-chamber leadless pacemaker, **right atrial**, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	N/A

REMOVAL & REPLACEMENT

CPT‡ Code	Description	Work RVU
0825T	Transcatheter **removal and replacement** of permanent single-chamber leadless pacemaker, **right atrial**, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (e.g., interrogation or programming), when performed	N/A

PROGRAMMING

CPT‡ Code	Description	Work RVU
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, **leadless pacemaker system in single-cardiac chamber**	N/A

Reporting a Category III CPT‡ Code

Physician Services Considerations for Right Atrial Single Chamber Leadless Pacemaker Procedures

Category III CPT‡ codes do not have an assigned payment rate (established Relative Value Unit (RVU)) in Medicare's physician fee schedule, and therefore private insurers do not have assignment of RVUs to use as a basis for setting physician payment. Since Category III CPT‡ codes do not have established RVUs, prior authorization requests (please note that traditional Medicare does not require prior authorization) and claims must generally be submitted with supporting documentation and may be subject to review. Comparable Category I CPT‡ codes that are similar to the Category III code may be identified to provide accurate information to payers for consideration when they are processing claims. By providing a comparable Category I CPT‡ code along with additional documentation, payers can better understand what took place during the procedure, and value it accordingly.

Payers will review each claim with a Category III CPT‡ code for right atrial single chamber leadless pacemaker procedures individually, and payment determinations will be made on a case-by-case basis. Therefore, **it is strongly recommended that the provider contact payers to ensure the new Category III** CPT‡ **codes are included in contracts and to inquire about any guidelines for submission and documentation of these claims.**

Recommended Supporting Documentation for Claim Submission
(List is not comprehensive; check with your applicable payer)

1. A cover letter describing the services rendered and why the service was needed
2. Copy of operative report that details the procedure including provider's time and effort during procedure
    - Time, effort and equipment necessary to perform procedure
    - Include the relevant crosswalk Category I CPT‡ code for a comparable procedure while also noting any and all differences with the services provided for the right atrial single chamber leadless pacemaker procedure with an increase or decreased percentage of the work/time associated with the referenced comparable procedure
3. Customized Letter of Medical Necessity for the patient receiving the procedure
4. Copy of FDA Approval Letter
5. Copy of published clinical data

Considerations when choosing a comparable procedure to reference in supporting documentation

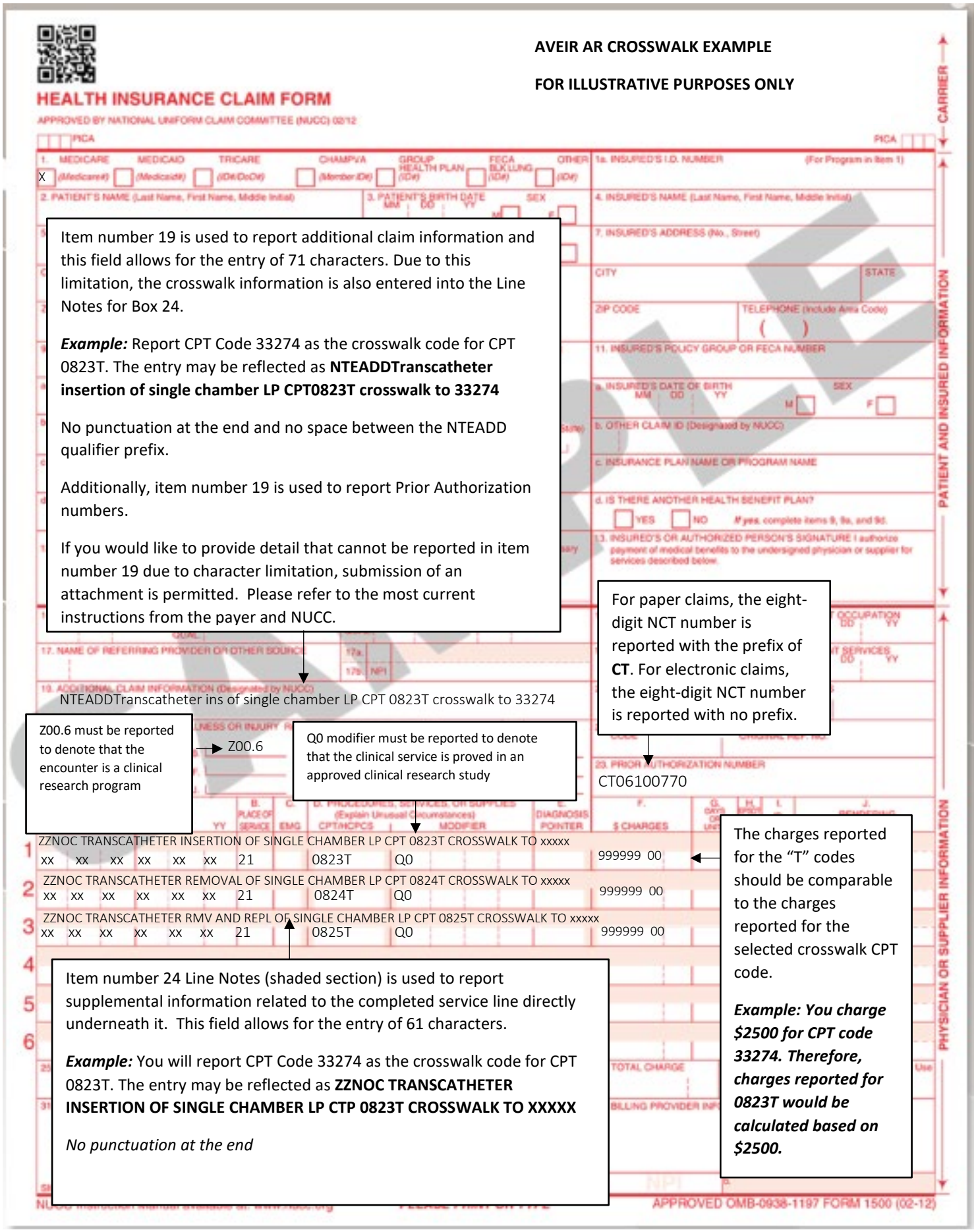
Physicians are encouraged to identify comparable crosswalk Category I CPT‡ codes to reference in supporting documentation provided with the claim submission when billing for leadless pacemaker procedures. Physicians will need to document in detail the work involved with specificity of time, the complexity of the procedure, and practice expense relative to comparable procedures with established RVUs and payment amounts.

Considerations when reporting a coding crosswalk on a claim

Physicians should report the appropriate Category III CPT‡ code for the procedure and bill an amount comparable to the crosswalk code. If a comparable crosswalk includes multiple units, then the explanation line should include all activity combined into one explanation (do not enter multiple lines of crosswalk codes). An example of a crosswalk comparison is below.

AVEIR AR CROSSWALK EXAMPLE

FOR ILLUSTRATIVE PURPOSES ONLY



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 0823T. The entry may be reflected as **NTEADDTranscatheter insertion of single chamber LP CPT0823T crosswalk to 33274**

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

Additionally, item number 19 is used to report Prior Authorization numbers.

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 a clinical research program

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

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 0823T would be calculated based on $2500.

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 0823T. The entry may be reflected as **ZZNOC TRANSCATHETER INSERTION OF SINGLE CHAMBER LP CTP 0823T CROSSWALK TO XXXXX**

No punctuation at the end

Category III CPT‡ Coding Crosswalk Examples

When considering comparable procedures, the following procedures may require similar effort, expertise, time and resource utilization. It is strongly encouraged that physicians include operative notes detailing the effort and time of the removal portion of the procedure to support adequate reimbursement.

(Coding options/examples presented below have been reviewed with independent consultants and certified coders)

Coding Crosswalk Options: AVEIR™ AR Right Atrial Leadless Pacemaker-**Insertion**

Potential CPT‡ code crosswalks for 0823T[3]

CPT‡ Code	Description	2025 Work RVU	2025 National Medicare Average
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)	7.80	$456

Coding Crosswalk Options: AVEIR AR Right Atrial Leadless Pacemaker - **Removal**

Potential CPT‡ Code Crosswalks for 0824T[3]

CPT‡ Code	Description	2025 Work RVU	2025 National Medicare Average
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	8.59	$483

Coding Crosswalk Options: AVEIR AR Right Atrial Leadless Pacemaker - **Removal & Replacement**

Potential CPT‡ Code Crosswalks for 0825T[3]

CPT‡ Code	Description	2025 Work RVU	2025 National Medicare Average
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)	7.80	$456

Coding Crosswalk Options: AVEIR AR Right Atrial Leadless Pacemaker - **Programming**

Potential CPT‡ Code Crosswalks for 0826T[3]

CPT‡ Code	Description	2025 Work RVU	2025 National Medicare Average
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	.65	$64

Note: The Category I CPT‡ codes represented in the above tables are provided for convenience for illustrative purposes only and are not meant to be all-inclusive. Physicians are responsible for providing all information payers may require in support of a claim including selecting the appropriate Category I CPT‡ code comparator and for explaining how the work involved, including the time and complexity of the procedure and the practice expense, is similar to the procedure taking place.

Please note that where a Category III CPT‡ code is available it **MUST** be reported. Any comparator CPT‡ code identified should be included only in the supporting documentation submitted with the claim.[2]

Important Safety Information

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.

Indications: The AVEIR™ Leadless Pacemaker system is indicated for management of one or more of the following permanent conditions: Syncope, Pre-syncope, Fatigue, Disorientation. Rate-modulated pacing is indicated for patients with chronotropic incompetence, and for those who would benefit from increased stimulation rates concurrent with physical activity. Dual-chamber pacing is indicated for patients exhibiting: Sick sinus syndrome, Chronic, symptomatic second- and third-degree AV block , Recurrent Adams-Stokes syndrome, Symptomatic bilateral bundle-branch block when tachyarrhythmia and other causes have been ruled out. Atrial pacing is indicated for patients with: Sinus node dysfunction and normal AV and intraventricular conduction systems. Ventricular pacing is indicated for patients with: Significant bradycardia and normal sinus rhythm with only rare episodes of AV block or sinus arrest, Chronic atrial fibrillation, Severe physical disability. MR Conditional: The AVEIR Leadless Pacemaker is conditionally safe for use in the MRI environment and according to the instructions in the MRI-Ready Leadless System Manual.

Intended Use: The AVEIR™ Leadless Pacemaker (LP) is designed to provide bradycardia pacing as a pulse generator with built-in battery and electrodes for implantation in the right ventricle and/or right atrium. The LP is intended to provide sensing of intrinsic cardiac signals and delivery of cardiac pacing therapy within the implanted chamber for the target treatment group. The LP is also intended to operate optionally with another co-implanted LP to provide dual-chamber pacing therapy.

The AVEIR™ Delivery Catheter is intended to be used in the peripheral vasculature and the cardiovascular system to deliver and manipulate an LP. Delivery and manipulation includes implanting an LP within the target chamber of the heart.

Contraindications: Use of the AVEIR™ Leadless Pacemaker is contraindicated in these cases:

- Use of any pacemaker is contraindicated in patients with a co-implanted ICD because high-voltage shocks could damage the pacemaker and the pacemaker could reduce shock effectiveness.
- Single-chamber ventricular demand pacing is relatively contraindicated in patients who have demonstrated pacemaker syndrome, have retrograde VA conduction, or suffer a drop in arterial blood pressure with the onset of ventricular pacing.
- Programming of rate-responsive pacing is contraindicated in patients with intolerance of high sensor driven rates.
- Use is contraindicated in patients with an implanted vena cava filter or mechanical tricuspid valve because of interference between these devices and the delivery system during implantation.
- Persons with known history of allergies to any of the components of this device may suffer an allergic reaction to this device. Prior to use on the patient, the patient should be counseled on the materials (listed in the Product Materials section of the IFU) contained in the device and a thorough history of allergies must be discussed.

Adverse Events: Potential complications associated with the use of the AVEIR™ Leadless Pacemaker system are the same as with the use of single or dual chamber pacemakers with active fixation pacing leads including, but not limited to: Cardiac perforation, Cardiac tamponade, Pericardial effusion, Pericarditis, Valve damage and/or regurgitation, Heart failure, Pneumothorax/hemothorax, Cardiac arrhythmias, Diaphragmatic/phrenic nerve stimulation / extra-cardiac stimulation, Palpitations, Hypotension, Syncope, Cerebrovascular accident, Infection, Hypersensitivity reaction to device materials, contrast media, medications, or direct toxic effect of contrast media on kidney function, Pacemaker syndrome, Inability to interrogate or program the LP due to programmer or LP malfunction, Intermittent or complete loss of pacing and/or sensing due to dislodgement or mechanical malfunction of the LP (non-battery related), Loss of capture or sensing due to embolization or fibrotic tissue response at the electrode, Increased capture threshold, Inappropriate sensor response, Interruption of desired LP function due to electrical interference, either electromyogenic or electromagnetic, Battery malfunction/ premature battery depletion, Device-related complications (Premature deployment, Device dislodgement/embolization of foreign material, Helix distortion), Death. As with any percutaneous catheterization procedure, potential complications include, but are not limited to: Vascular access complications; such as perforation, dissection, puncture, groin pain, Bleeding or hematoma, Thrombus formation, Thromboembolism, Air embolism, Local and systemic infection, Peripheral nerve damage. General surgery risks and complications from comorbidities; such as hypotension, dyspnea, respiratory failure, syncope, pneumonia, hypertension, cardiac failure, reaction to sedation, renal failure, anemia, and death.

References

1. AMA CPT Category III Codes, First Ten Years: cat-3-codes-first-10-yrs_1.pdf
2. AMA CPT‡ Category III codes long: CPT‡ Category III codes long descriptors (ama-assn.org)
3. CY2025 Physician fee schedule CMS-1807-F: https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

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