HEALTH ECONOMICS & REIMBURSEMENT

AVEIR™ DR Dual Chamber Leadless Pacemaker System Physician Coding and Crosswalk Guide

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FDA approved June 29, 2023, the AVEIR™ DR Dual Chamber Leadless Pacemaker (LP) System is capable of pacing and sensing in both chambers of the heart through the combination of an atrial leadless pacemaker and a ventricular leadless pacemaker. Dual chamber, leadless synchronous pacing between the atrium and the ventricle is made possible with implant-to-implant communication technology, capable of providing pacing for continuous, atrioventricular synchrony.

On July 1, 2023, the American Medical Association (AMA) approved a series of Category III CPT‡ codes to report dual chamber leadless pacemaker procedures. Category III CPT‡ codes are a set of temporary codes to report emerging technology, 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 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 dual chamber leadless pacemaker system procedures when performed consistent with the product's labeling.

AVEIR™ DR Dual Chamber LP System Category III CPT Codes[2]

INSERTION

CPT‡ Code	Description	Work RVU
0795T	Transcatheter insertion of a permanent dual chamber leadless pacemaker, (right atrial and right ventricular components)	N/A

REMOVAL

CPT‡ Code	Description	Work RVU
0798T	Transcatheter removal of permanent dual chamber leadless pacemaker (right atrial and right ventricular components)	N/A
0799T	Transcatheter **removal** of permanent dual chamber leadless pacemaker (**right atrial component**)	N/A
0800T	Transcatheter **removal** of permanent dual chamber leadless pacemaker (**right ventricular component**)	N/A

REMOVAL & REPLACEMENT

CPT‡ Code	Description	Work RVU
0801T	Transcatheter **removal** and **replacement** of permanent dual chamber leadless pacemaker (**right atrial** and **right ventricular components**)	N/A
0802T	Transcatheter **removal** and **replacement** of permanent dual chamber leadless pacemaker (**right atrial component**)	N/A
0803T	Transcatheter **removal** and **replacement** of permanent dual chamber leadless pacemaker (**right ventricular component**)	N/A

UPGRADE TO DUAL CHAMBER

CPT‡ Code	Description	Work RVU
0796T	Transcatheter **insertion** of a permanent dual chamber leadless pacemaker, **right atrial pacemaker component** (when an existing right ventricular single leadless pacemaker exists to create a dual chamber leadless pacemaker system)	N/A
0797T	Transcatheter **insertion** of a permanent dual chamber leadless pacemaker, **right ventricular pacemaker component** (when part of a dual chamber leadless pacemaker system)	N/A

PROGRAMMING

CPT‡ Code	Description	Work RVU
0804T	Programming device evaluation (in person) with review and report by a physician or other qualified health care professional; leadless pacemaker system in dual cardiac chambers	N/A

Reporting a Category III CPT‡ Code

Physician Services Considerations for Dual Chamber Leadless Pacemaker Procedures

Category III CPT‡ codes do not have an assigned payment rate (established RVU (Relative Value Unit)) in Medicare's physician fee schedule, and private insurers do not have assignment of RVUs to use as a basis for setting physician payment. Since Category III 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 CPT‡ code for dual 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 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 dual 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

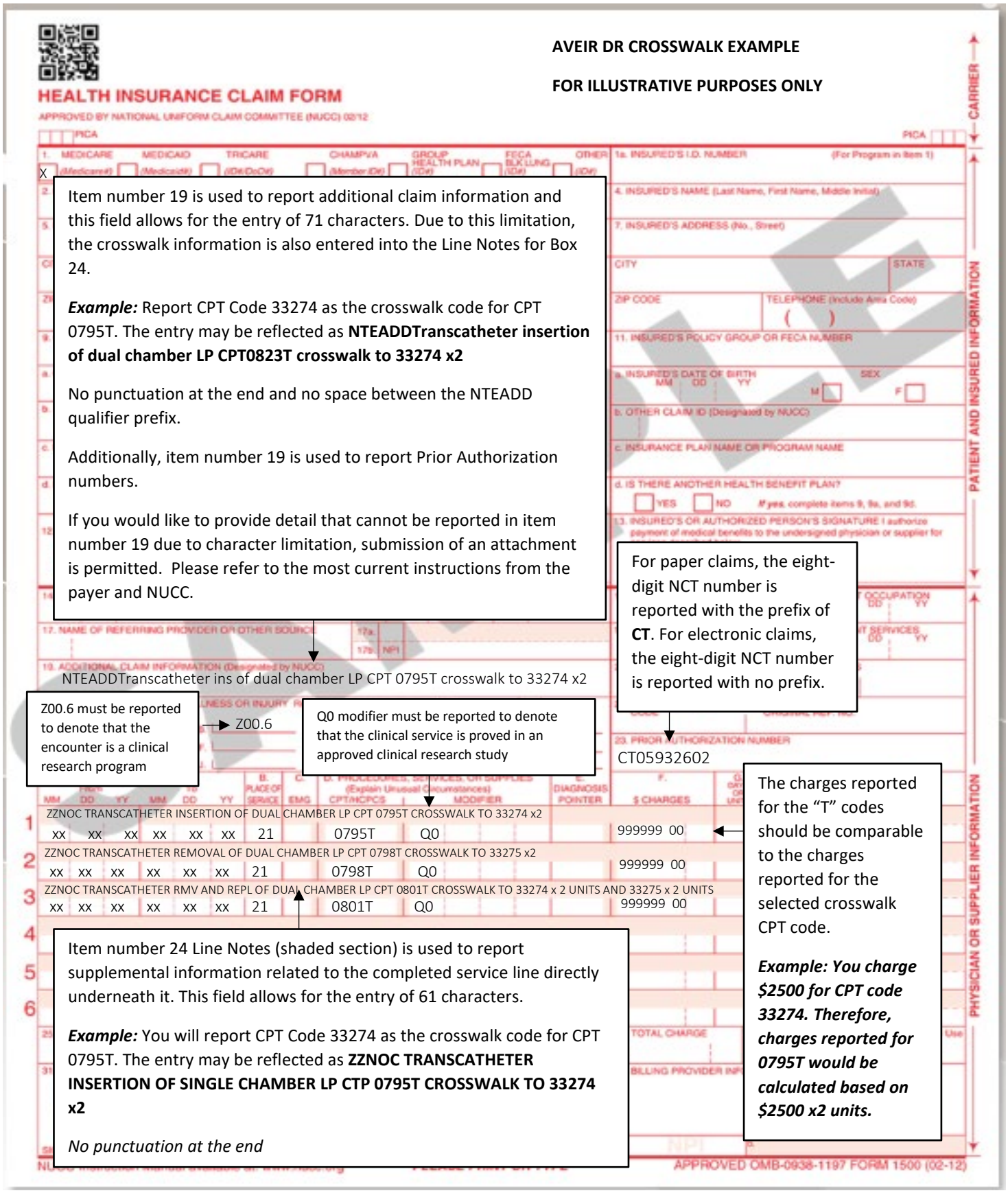
Physicians are encouraged to identify comparable crosswalk Category I CPT‡ codes to reference in supporting documentation provided with the claim submission when billing for Dual Chamber Leadless Pacemaker procedures. Since the Category III CPT‡ code does not have established RVUs, payers do not have a pre-defined reference for establishing payment. 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 enter 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 DR 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 0795T. The entry may be reflected as **NTEADDTranscatheter insertion of dual chamber LP CPT0823T crosswalk to 33274 x2**

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 0795T would be calculated based on $2500 x2 units.

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 SINGLE CHAMBER LP CTP 0795T CROSSWALK TO 33274 x2**

No punctuation at the end

Category III Coding Crosswalk Examples

When considering comparable procedures, the following procedures may require similar effort, expertise, time and resource utilization.

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

Coding Crosswalk Options: AVEIR™ DR Dual Chamber LP System **Insertion**

INSERTION

Potential CPT‡ code crosswalks for 0795T[3]

CPT‡ Code	Description	2025 Work RVU	2025 National Medicare Average
33274*	Insertion or replacement of a permanent leadless pacemaker, right ventricular	7.80 (11.7*)	$456 ($684*)
33340^ *(LAAO Procedure)*	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placements(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	14.0	$748

*If inserting 2 devices, provider can report 2 units; second unit will be discounted to 50%; reimbursement will adjust to 1.5 units
^33340 is an additional option when inserting 2 units

Coding Crosswalk Options: AVEIR™ DR Dual Chamber LP System **Upgrade**

UPGRADE

Potential CPT‡ code crosswalks for 0796T, 0797T[3]

CPT‡ Code	Description	2025 Work RVU	2025 National Medicare Average
33274	Insertion or replacement of a permanent leadless pacemaker, right ventricular	7.80	$456

Coding Crosswalk Options: AVEIR™ DR Dual Chamber LP System **Removal**

REMOVAL

Potential CPT‡ Code Crosswalks for 0798T, 0799T, 0800T[3]

CPT‡ Code	Description	2025 Work RVU	2025 National Medicare Average
33275*	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance, when performed.	8.59 (12.88*)	$483 ($725*)
33236^	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	12.73	$756

*If removing both devices, provider can report 2 units; second unit will be discounted to 50%; reimbursement will adjust to 1.5 units
^33236 is an additional option when removing both units

Coding Crosswalk Options: AVEIR™ DR Dual Chamber LP System **Removal & Replacement**

REMOVAL & REPLACEMENT

Potential CPT‡ Code Crosswalks for 0801T, 0802T, 0803T[3]

CPT‡ Code	Description	2025 Work RVU	2025 National Medicare Average
33274*	Insertion or replacement of a permanent leadless pacemaker, right ventricular	7.80 (11.7*)	$456 ($684*)

*If removing/replacing both devices, provider can report 2 units; second unit will be discounted 50%, reimbursement to 1.5 units

It is strongly encouraged that physicians include op notes detailing the effort and time of the removal portion of the procedure to support adequate reimbursement.

Coding Crosswalk Options: AVEIR™ DR LP System **Programming**

PROGRAMMING

Potential CPT‡ Code Crosswalks for 0804T[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* (.98*)	$64 ($96*)
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minute face-to-face time with physician or other qualified health care professional	.91	$48
95984+	each additional 15 minutes (List separately in addition to code for primary procedure)	.80	$42

*Provider can report 2 units; second unit will be discounted to 50%; reimbursement will adjust to 1.5 units
+Can only be reported in conjunction with CPT‡ 95983.

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 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]

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.

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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