

# 2017 CMS 1500 Claim Example for WATCHMAN™ LAO Device

## HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA <span style="float: right;">PICA <input type="checkbox"/></span>																							
1. MEDICARE <input type="checkbox"/> (Medicare#)                    MEDICAID <input type="checkbox"/> (Medicaid#)                    TRICARE <input type="checkbox"/> (ID#/DoD#)                    CHAMPVA <input type="checkbox"/> (Member ID#)                    GROUP HEALTH PLAN <input type="checkbox"/> (ID#)                    FECA BLK LUNG <input type="checkbox"/> (ID#)                    OTHER <input type="checkbox"/> (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    SEX MM DD YY    M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)																
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)																
CITY			STATE		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)					a. INSURED'S DATE OF BIRTH    SEX													
b. RESERVED FOR NUCC USE					<input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT?    PLACE (State)					b. OTHER CLAIM ID (Designated by NUCC)													
c. RES					<input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT?					c. INSURANCE PLAN NAME OR PROGRAM NAME													
d. INS					10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN?													
12. PA to bel SIG					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services					14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY    QUAL.													
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					15. OT QUAL.					16. DATES FROM FROM													
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					17a.					18. HOSPIT FROM FROM													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to service line below (24E))					ICD Ind. 0					20. OUTSIDE LAB? \$ CHARGES													
A. I480					B. Z006					22. RESUBMISSION CODE ORIGINAL REF. NO.													
E.					F.					23. PRIOR AUTHORIZATION NUMBER													
I.					J.					NCT02699957													
24. A. DATE(S) OF SERVICE					B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
MM		DD		YY		MM		DD		YY		CPT/HCPCS		MODIFIER									
01		01		17		01		02		17		21		33340		Q0		A,B		1		NPI	
1		2		3		4		5		6													

Item 21A designates the primary diagnosis codes as required by Medicare. One of the following diagnosis codes are allowed:  
 I48.0-Paroxysmal atrial fibrillation  
 I48.1-Persistent atrial fibrillation  
 I48.2-Chronic atrial fibrillation  
 I48.91-Unspecified atrial fibrillation

Item 21B designates the secondary ICD-10-CM diagnosis code Z00.6 (Encounter for examination of participant in clinical research program) to indicate the patient is participating in the LAO registry.

Item 23 designates the National Clinical Trial (NCT) number for the Left Atrial Appendage Occlusion (LAO) registry.

Item 24B designates place of service (POS) 21 for inpatient hospital as required by Medicare.

Item 24D designates the CPT code 33340 for the WATCHMAN™ device.

Item 24D designates the HCPCS modifier Q0 (Investigational clinical service provided in a clinical research study) to indicate the patient is participating in the LAO registry.

Sources:  
 Items 21A-21B & 24B-24D) CMS Medicare Claims Processing Transmittal 3515; Medlearn Matters Number MM9638  
 Item 23-1) CMS Medicare Medlearn Matters Number MM9638; Claims Processing Transmittal 2955  
 Item 23-2) Left Atrial Appendage Occlusion Registry, clinicaltrials.gov; https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/LAAC.html  
 Item 24D) Official AMA CPT code description 33340 Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation.

SH-420005-AB JAN2017