

2017 CMS 1500 Claim Example for WATCHMAN™ LAAO Device

HEALTH INSURANCE CLAIM FORM

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

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>										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 MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>									
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"/>									
CITY										STATE									
ZIP CODE										TELEPHONE (Include Area Code) () ()									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____									
c. RES										c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>									
d. INS										10d. CLAIM CODES (Designated by NUCC)									
12. PA to bel										11. INSURED'S POLICY GROUP OR FECA NUMBER									
SIGN										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. _____										b. OTHER CLAIM ID (Designated by NUCC)									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										c. INSURANCE PLAN NAME OR PROGRAM NAME									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Before A-L to service line below (24E))										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services									
A. I480 B. Z006 C. _____ D. _____										SIGN									
E. _____ F. _____ G. _____ H. _____										16. DATES FROM _____ TO _____									
I. _____ J. _____ K. _____ L. _____										18. HOSPIT FROM _____ TO _____									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES									
1 01 01 17 01 02 17 21 33340 Q0 A,B 1 NPI										22. RESUBMISSION CODE ORIGINAL REF. NO.									
2 21 33340 Q0 A,B 1 NPI										23. PRIOR AUTHORIZATION NUMBER 02699957									
3 21 33340 Q0 A,B 1 NPI																			
4 21 33340 Q0 A,B 1 NPI																			
5 21 33340 Q0 A,B 1 NPI																			
6 21 33340 Q0 A,B 1 NPI																			

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 LAAO registry.

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

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