

# 2016 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)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street)		7. INSURED'S ADDRESS (No., Street)	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
TELEPHONE (Include Area Code)		TELEPHONE (Include Area Code)	
3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
8. RESERVED FOR NUCC USE		11. INSURED'S POLICY GROUP OR FECA NUMBER	
9. RELATED TO: <input type="checkbox"/> YES <input type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
10. CLAIM CODES (Designated by NUCC)		b. OTHER CLAIM ID (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		c. INSURANCE PLAN NAME OR PROGRAM NAME	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		e. INSURED'S SIGNATURE I authorize physician or supplier for	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		6. DATES FROM TO	
21. DIAGNOSIS OF NATURE OF ILLNESS OR INJURY Relate A-L to service		8. HOSPITAL FROM TO	
A. I480 B. Z006 C. D. E. F. G. H. I. J. K. L.		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURE (Explain) E. SNOWS INTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #		22. RESUBMISSION CODE ORIGINAL REF. NO.	
1 08 01 16 08 02 16 21 0281T Q0 A,B 1 NPI		23. PRIOR AUTHORIZATION NUMBER NCT02699957	
2		NPI	
3		NPI	
4		NPI	
5		NPI	

Item 19 Example I: Interventional Cardiology Comparable CPT codes; 93580 (PFO closure) and 93462 (Transseptal puncture). See official descriptions below. These codes have been identified as comparable to a WATCHMAN™ implant in terms of similar resources, work, and procedural risk.

Item 19 Example II: Electrophysiology (EP) Comparable CPT codes; 93653 (SVT ablation), 93613 (3D mapping), and 93662 (ICE). See official descriptions below. These codes have been identified as comparable to a WATCHMAN™ implant in terms of similar resources, work, and procedural risk.

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 Category III code 0281T 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:

- Item 19-1) Official AMA CPT code descriptions: 93580 Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant; 93462 Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
- Item 19-2) Official AMA CPT codes descriptions: 93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry; 93613 Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure); 93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
- 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: 0281T Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation

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