

Medicare Billing Instructions

for Micra™ leadless pacemakers



- Medicare has published coverage with evidence development (CED) claims instructions via Medicare Claims Processing Manual 100-04, Transmittal 3815, which instructs billing staff on how to properly submit claims under national coverage determination (NCD) 20.8.4. for leadless pacemakers.¹
- These instructions apply for both traditional Medicare and Medicare Advantage claims.
- For non-Medicare payers, coverage and specific billing instructions may vary. We recommend contacting each individual plan for information.
- Additional coverage, coding, and payment information, along with frequently asked questions, is available in the Micra reimbursement guide found [here](#).
- Example claims that follow contain appropriate additional billing information required by Medicare and are provided for your information only.

Coding for Micra™ implants

Place of service	CPT® ² code and description
Professional and outpatient hospital	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
Inpatient hospital	02HK3NZ Insertion of intracardiac pacemaker into right ventricle, percutaneous approach

Medicare leadless pacemaker billing requirements

(all elements are required for claims submission)

Claim requirement	Identifying information required by leadless pacemaker NCD
Professional and facility claim requirements	
National clinical trial (NCT) number	Micra VR devices : 03039712 Micra AV devices: 04235491
Modifier to CPT® implant code (professional and outpatient facility claims only)	00 (zero) Investigational clinical service provided in a clinical research study that is in approved clinical research study
Secondary diagnosis code	Z00.6 Encounter for examination for normal comparison and control in clinical research program
Additional facility claim requirements	
Condition code	303 Qualifying clinical trial
Value code	D4 ("Code") and NCT number ("Amount")

Disclaimer:

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g., instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

Medicare leadless pacemaker required fields Inpatient hospital claim form

Form Locator 18:
Condition code 30 is required on leadless pacemaker claims for Medicare

Form Locator 39:
Value code D4 and the NCT number in the amount section are required on Medicare claims. The NCT number for:

- Micra VR is 03039712
- Micra AV is 04235491

Form Locator 67:
Diagnosis code Z00.6 is required as a secondary diagnosis

1		2		3a PAT. CNTL. #		4 TYPE OF BILL	
				3b MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME a		9 PATIENT ADDRESS a					
b		10 BIRTHDATE		11 SEX		12 DATE	
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				39 CODE		40 VALUE CODES AMOUNT	
				41 CODE		42 VALUE CODES AMOUNT	
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Medicare leadless pacemaker required fields
 Outpatient hospital claim form

Form Locator 18:
 Condition code 30 is required on leadless pacemaker claims for Medicare

Form Locator 39:
 Value code D4 and the NCT number in the amount section are required on Medicare claims. The NCT number for:
 • Micra VR is 03039712
 • Micra AV is 04235491

Form Locator 44:
 The Q0 modifier is required

Form Locator 67:
 Diagnosis code Z00.6 is required as a secondary diagnosis

1										2										3a PAT. CNTL # b. MED. REC. #					4 TYPE OF BILL																			
8 PATIENT NAME										9 PATIENT ADDRESS										5 FED. TAX NO.					6 STATEMENT COVERS PERIOD FROM THROUGH					7														
10 BIRTHDATE										11 SEX					12 DATE					ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT					18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30																			
31 OCCURRENCE CODE DATE					32 OCCURRENCE CODE DATE					33 OCCURRENCE CODE DATE					34 OCCURRENCE CODE DATE					35 OCCURRENCE SPAN FROM THROUGH					36 OCCURRENCE SPAN FROM THROUGH					37														
38										39 VALUE CODES AMOUNT					40 VALUE CODES AMOUNT					41 VALUE CODES AMOUNT																								
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42 REV. CD.					43 DESCRIPTION										44 HCPCS / RATE / H/PPS CODE					45 SERV. DATE					46 SERV. UNITS					47 TOTAL CHARGES					48 NONCOVERED CHARGES					49				
					33274-Q0																																							
PAGE										OF										CREATION DATE										TOTALS														
50 PAYER NAME										51 HEAD PLAN ID					52 REL INFO					53 ASL BEN					54 PRIOR PAYMENTS					55 EST. AMOUNT DUE					56 NPI									
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58 INSURED'S NAME										59 P. REL					60 INSURED'S UNIQUE ID					61 GROUP NAME					62 INSURANCE GROUP NO.																			
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																								
66 ICD 9-CM										67 Z00.6					68																													
69 ADMIT DX										70 PATIENT REASON DX					71 PPS CODE					72 ECI					73																			
74 PRINCIPAL PROCEDURE CODE					a. OTHER PROCEDURE CODE DATE					b. OTHER PROCEDURE CODE DATE					75					76 ATTENDING NPI					QUAL																			
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c. OTHER PROCEDURE CODE DATE					d. OTHER PROCEDURE CODE DATE					e. OTHER PROCEDURE CODE DATE										77 OPERATING NPI					QUAL																			
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80 REMARKS					81 CC a															78 OTHER NPI					QUAL																			
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					c															79 OTHER NPI					QUAL																			
					d															LAST					FIRST																			

Medicare leadless pacemaker required fields
Professional claim form



HEALTH INSURANCE CLAIM FORM

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

PICA PICA

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 <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 MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()	
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	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical information necessary to process this claim. I also request payment of government benefits either to myself or to the party designated below. SIGNED _____ DATE _____		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME 11. OTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY QUAL. 15. OTHER DATE MM DD YY		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-K to service line below (24E)) A. _____ B. Z00.6 C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9 Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #		22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER NCT#	
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____		28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. Rcvd for NUCC Use	
32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____		33. BILLING PROVIDER INFO & PH # () a. NPI b. _____	

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Item 23:
The NCT number in the amount section are required on Medicare claims. The NCT number for:
• Micra VR is 03039712
• Micra AV is 04235491

Item 21:
Diagnosis code Z00.6 is required as a secondary diagnosis

Item 24D :
The Q0 modifier is required

Coding, coverage, and reimbursement information is available at: medtronic.com/crhfreimbursement.
For questions or for more information, please contact Medtronic Reimbursement Customer Support at 1-866-877-4102 (8:00 a.m. to 5:00 p.m. CT, Monday-Friday) or rs.healthcareconomics@medtronic.com.

References

¹Center for Medicare and Medicaid Services. Medicare Claims Processing Manual 100-04, Transmittal 3815. National Coverage Determination (NCD 20.8.4): Leadless Pacemakers. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3815CP.pdf>. Accessed April 6, 2022.

²CPT codes and descriptions only are copyright © 2021 American Medical Association. All rights reserved. No fee schedules are included in CPT. The American Medical Association assumes no liability for data contained or not contained herein.

³Centers for Medicare and Medicaid Services. Change Request #MM8401 Revised. Mandatory Reporting of an 8-Digit Clinical Trial Number on Claims. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2955CP.pdf>. Accessed April 6, 2022.

Brief Statement

Micra™ VR2 and Micra™ AV2

Indications

Micra Model MC1VR01, Micra VR2 Model MC2VR01, and Micra AV Model MC1AVR1, are indicated for use in patients who have experienced one or more of the following conditions:

- Paroxysmal or permanent high-grade AV block in the presence of AF
- Paroxysmal or permanent high-grade AV block in the absence of AF, as an alternative to dual chamber pacing, when a dual-chamber transvenous pacing system is considered difficult, high risk, or not deemed necessary for effective therapy
- Symptomatic bradycardia-tachycardia syndrome or sinus node dysfunction (sinus bradycardia or sinus pauses), as an alternative to atrial or dual chamber pacing, when a dual-chamber transvenous pacing system is considered difficult, high risk, or not deemed necessary for effective therapy

Micra AV Model MC1AVR1 is also indicated for VDD pacing in patients with adequate sinus rates who may benefit from maintenance of AV synchrony. The Micra AV device provides AV synchronous ventricular pacing similar to a transvenous VDD system. The implanted device depends on the appropriate sensing of atrial mechanical signals to achieve AV synchrony. The level of AV synchrony may vary in individual patients and may not be predictable prior to implant.

Rate-responsive pacing is indicated to provide increased heart rate appropriate to increasing levels of activity.

The device is designed to be used only in the right ventricle.

Micra AV2 Model MC2AVR1 is indicated for VDD pacing in patients when a dual chamber transvenous pacing system is considered a poor option or not deemed necessary for effective therapy, and when a right ventricular transcatheter pacing system promoting AV synchrony at rest is acceptable. Conditions when a patient is considered a poor candidate for transvenous pacing may include, but are not limited to, tortuous anatomy, a need to preserve venous access, or increased risk of infection. The device provides AV synchrony at rest and rate responsive (VVIR) pacing during periods of high patient activity.

Device-mediated AV synchrony can vary depending on patient condition and activity levels, and it can be limited at high sinus rates. During periods of intermittent AV synchrony, the device will provide ventricular pacing support with an increased potential for pacing rate variability. Micra AV2 is indicated for use in patients who have experienced one of the following:

- Paroxysmal or permanent high-grade AV block in the absence of AF
- Paroxysmal or permanent high-grade AV block in the presence of paroxysmal AF
- Paroxysmal or permanent high-grade AV block in the presence of persistent AF when attempts at restoring sinus rhythm are still planned

The device is designed to be used only in the right ventricle.

Contraindications

Micra Model MC1VR01, Micra AV Model MC1AVR1, Micra VR2 Model MC2VR01 and Micra AV2 Model MC2AVR1 are contraindicated for patients who have the following types of medical devices implanted: an implanted device that would interfere with the implant of the Micra device in the judgment of the implanting physician, an implanted inferior vena cava filter, a mechanical tricuspid valve, or an implanted cardiac device providing active cardiac therapy that may interfere with the sensing performance of the Micra device.

The device is contraindicated for patients who have the following conditions: femoral venous anatomy unable to accommodate a 7.8 mm (23 French) introducer sheath or implant on the right side of the heart (for example, due to obstructions or severe tortuosity), morbid obesity that prevents the implanted device from obtaining telemetry communication within ≤ 12.5 cm (4.9 in), or known intolerance to the materials listed in the Instruction for Use, or to heparin, or sensitivity to contrast media that cannot be adequately premedicated, or if the steroid dose from this device cannot be tolerated.

Warnings and Precautions

End of Service (EOS) – When the EOS condition is met, the clinician has the option of permanently programming the device to Off and leaving it in the heart, or retrieving the device, provided the device has not yet become encapsulated. Removal of the Micra device after it has become encapsulated may be difficult because of the development of fibrotic tissue. If removal of the device is required, it is recommended that the removal be performed by a clinician who has expertise in the removal of implanted leads.

MRI conditions for use – Before an MRI scan is performed on a patient implanted with the Micra device, the cardiology and radiology professionals involved in this procedure must understand the requirements specific to their tasks as defined in the device manuals.

Rate-responsive mode may not be appropriate for patients who cannot tolerate pacing rates above the programmed Lower Rate. The patient's age and medical condition should be considered by physicians and patients as they select the pacing system, mode of operation, and implant technique best suited to the individual. Precautions should be taken before administering anticoagulant agents, antiplatelet agents, or contrast media in patients with known hypersensitivity to these agents.

The use of deactivated Micra devices in situ and an active Micra device, or an active transvenous pacemaker or defibrillator, has not been clinically tested to determine whether EMI or physical interaction is clinically significant. Bench testing supports that implantation of an active Micra device, or an active transvenous pacemaker or defibrillator, next to an inactivated Micra device is unlikely to cause EMI or physical interaction. Post-approval studies are planned to characterize risks of co-implanted, deactivated Micra devices. Currently recommended end of device life care for a Micra device may include the addition of a replacement device with or without explanation of the Micra device, which should be turned off. For Micra AV Model MC1AVR1 and Micra AV2 Model MC2AVR1, patient activities and environments which present mechanical vibrations to the patient can interfere with the mechanical sensing of atrial contractions. This can result in a loss of AV synchrony.

Potential Adverse Events or Potential Complications

Potential complications include, but are not limited to, toxic/allergic reaction, oversensing, pacemaker syndrome, cardiac arrest, and surgical complications such as cardiac perforation, pericardial effusion, cardiac tamponade, device embolization, hematoma, AV fistula, vessel dissection, infection, cardiac inflammation, and thrombosis.

See the device manuals for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, MRI conditions for use, and potential complications/adverse events. For further information, please call Medtronic at 800-328-2518 and/or consult Medtronic's website at medtronic.com.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.

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