CMS 1500 Claim Example for WATCHMAN™ LAAO Device

HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (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 F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

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) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. 0d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

12. SIGNING THIS FORM. ease of any medical or other information necessary

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services

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16. DATES FROM OCCUPATION DD YY

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18. HOSPIT FROM SERVICES DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD Ind. 0

A. I480 B. Z006 C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER CT02699957

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. #
1	01	01	17	01	02	17	21		33340	Q0	A,B		1		NPI	
2															NPI	
3																
4																
5																
6															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
I48.11-Longstanding persistent atrial fibrillation
I48.19-Other persistent atrial fibrillation
I48.20-Chronic atrial fibrillation, unspecified*
I48.21-Permanent atrial fibrillation
I48.91-Unspecified atrial fibrillation
*The unspecified code is NOT COVERED under the CMS NCD for LAAC. Some private payers have included this ICD-10 code in their coverage policy

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 service provided in a clinical research study) to indicate the patient is participating in the LAAO registry.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Sources:
Items 21A-21B & 24B-24D) CMSMedicare 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.