



MITRACLIP™ TRANSCATHETER MITRAL VALVE REPAIR Hospital Claim Checklist

This checklist is provided as a summary of the information used to process claims for TMVr procedures with the MitraClip™ System per CMS's NCD. It is the responsibility of the hospital and/or physician to determine appropriate coding for a particular patient and / or procedure. Any claim should be coded appropriately and supported with adequate documentation in the medical record.

CODES/MODIFIERS/OTHERS	WHEN USED?	INCLUDED	NA
DIAGNOSIS CODES ^{1, 2}			
I34.0 / I34.1: Nonrheumatic mitral valve disorders	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Z00.6: Examination of a participant in a clinical trial	All cases	<input type="checkbox"/>	<input type="checkbox"/>
Applicable secondary diagnosis codes	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Procedure Codes			
02UG3JZ: Supplement mitral valve with Synthetic Substitute, Percutaneous approach	All cases	<input type="checkbox"/>	<input type="checkbox"/>
B245ZZ4: Ultrasonography of Left Heart, Transesophageal	All cases	<input type="checkbox"/>	<input type="checkbox"/>
CONDITION CODE			
Condition Code 30	All cases	<input type="checkbox"/>	<input type="checkbox"/>
NCT NUMBER			
02245763	All cases	<input type="checkbox"/>	<input type="checkbox"/>

+ denotes an add-on code. List separately in addition to primary procedure.

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References:

1. CMS MLN Matters MM9002 Transcatheter Mitral Valve Repair (TMVr)-National Coverage Determination (NCD): <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9002.pdf>
2. Per CMS Transmittal I630, released February 26, 2016: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2016-Transmittals.html>

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