

2019 MITRACLIP® CODING AND PAYMENT GUIDE

MitraClip® Transcatheter Mitral Valve Repair

Hospital Rates: Effective October 1, 2018

Physician Rates: Effective January 1, 2019

MITRACLIP® TRANSCATHETER MITRAL VALVE REPAIR

Policy Update

Medicare Coverage

The Centers for Medicare and Medicaid Services (CMS) provide coverage for transcatheter mitral valve repair (TMVr) under Coverage with Evidence Development.¹

Among the coverage criteria specified in this National Coverage Determination (NCD):

- TMVr must be performed by an interventional cardiologist or a cardiothoracic surgeon. Interventional cardiologist(s) and cardiothoracic surgeon(s) may jointly participate in the intra-operative technical aspects of TMVr as appropriate.
- All TMVr cases must be enrolled in the national transcatheter valve therapy (TVT) registry.

Other institutional and operator requirements apply based on multi-society guidelines. Refer to the [NCD Decision Memo](#) and [MLN Matters® Number MM9002](#) for additional details and requirements.^{1,2}

Note that local Medicare Administrative Contractors (MACs) may have additional coverage criteria as published in Local Coverage Determinations or articles.

Additional Information

Abbott is committed to supporting appropriate patient access to the MitraClip® therapy and educating providers on the latest coverage, coding and payment policy.

For additional questions, please contact the Reimbursement Hotline:

 **800 354 9997**

 Questions@AskAbbottVascular.com

MITRACLIP® TRANSCATHETER MITRAL VALVE REPAIR

Procedure Codes

CPT ⁺ CODE ³	DESCRIPTOR	CY2019 NATIONAL AVERAGE PAYMENT ⁴	CY2019 TOTAL FACILITY RVUs ⁴
TMVr PROCEDURE WITH IMPLANT			
33418	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis	\$1,888	52.39
33419	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; additional prosthesis (es) during same session (List separately in addition to code for primary procedure). (Use 33419 in conjunction with 33418)	\$446	12.37
<p>Angiography, radiological supervision, and interpretation performed to guide TMVr (eg, guiding device placement and documenting completion of the intervention) are included in these codes. Do not report diagnostic right and left heart catheterization procedure codes (93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533) with 33418 or 33419 when done intrinsic to the valve repair procedure.</p>			
TRANSEOPHAGEAL ECHOCARDIOGRAPHY (TEE) (for intra-procedural monitoring)			
93355*	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	\$237	6.57

*Note that 93355 is bundled and not separately payable when reported on the same physician claim as the TMVr with MitraClip® procedure (33418) or with anesthesia services

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Coding Modifiers and Additional Requirements

MODIFIER	NOTES
-Q0/-Q1	Use for physician claims for cases enrolled in the TVT Registry.
-62	Use for physician claims for cases where two surgeons / co-surgeons perform TMVr. Note that in scenarios where co-surgeon participation is medically necessary, the submission of supporting documentation is required. ²
-80/-82	Use for assistant surgeon claims for TMVr. Append modifier to assistant surgeon claims; do not append modifier to primary surgeon claims. Use -80 when TMVr is performed at non-teaching community hospitals without surgery residents. Use -82 for when TMVr is performed at teaching hospitals with surgery residents; -82 indicates qualified surgery resident unavailable. Documentation regarding medical necessity required.
ADDITIONAL REQUIRED INFORMATION	NOTES
NCT 02245763	National Clinical Trial Number is required for cases enrolled in the TVT Registry. ²

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Coding for Co-surgeons

TMVr is covered by Medicare when performed by a single operator, or by co-surgeons as clinically appropriate. Per the TMVr NCD (20.33), “The heart team’s interventional cardiologist or a cardiothoracic surgeon must perform the TMVr.

Interventional cardiologist(s) and cardiothoracic surgeon(s) may jointly participate in the intra-operative technical aspects of TMVr as appropriate.”²

The Physician Final Rule 2019 states that the -62 modifier for TMVr has a status indicator of one (1) which signifies that co-surgeons may be paid.

- Both surgeons use the same CPT code and apply the -62 modifier. Each surgeon submits a separate claim for their professional services.
- CMS’ general policy regarding co-surgeons, and medical necessity thereof, apply to TMVr procedures. At this time, there are no TMVr-specific criteria or guidance for co-surgeons, nor do we anticipate that CMS will develop such TMVr-specific direction regarding co-surgeons.
- Each surgeon’s role must be clearly defined in the operative notes. See below table for considerations.
- Local Medicare Administrative Contractors (MAC) will determine the medical necessity of co-surgeons performing TMVr based on the documentation submitted. MACs would likely expect each co-surgeon to produce their own procedure /operative report detailing their role in the procedure and clinical decision-making, as well as the rationale for each surgeon participating in the procedure.
- While co-surgeons are typically expected to be from different specialties, co-surgeons from the same specialty may be paid at carrier discretion.

CONSIDERATIONS	EXAMPLE
Note which tasks you completed.	“I advanced a wire from the right femoral vein to the superior vena cava for placement of the transeptal sheath and needle.”
Note which tasks your co-surgeon completed.	“Dr. Smith advanced the mitral valve repair device and delivery system through the guide to the left atrium.”
Avoid using the term “we.”	Instead of “We positioned the clip” consider, “I advanced the implant into the LV, by advancing the delivery catheter handle as Dr. Smith assisted in positioning the Clip below the valve by maintaining our anterior/posterior position with the guide.”

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Diagnosis Codes

Below are the diagnosis codes currently included in the NCD for TMVr.² It is the responsibility of the physician to determine the appropriate diagnosis code(s) for each patient. As discussed above, participation in the TVT Registry is a requirement of TMVr coverage. Secondary diagnosis code Zoo.6 should be used to denote clinical trial participation for these TMVr claims.²

ICD-10-CM DIAGNOSIS CODE ^{2,5}	CODE DESCRIPTOR
I34.0	Nonrheumatic mitral (valve) insufficiency
I34.1	Nonrheumatic mitral valve prolapse
Zoo.6	Encounter for exam for normal comparison and control in clinical research program

Private Payers

Private payers use a variety of payment methods for reimbursing inpatient services including case rates, percent of billed charges, DRGs, and device carve outs. Policies vary considerably for co-surgeons. Payers should be consulted in advance of the procedure to verify terms and conditions. Please check with your payer regarding appropriate coding and payment information.

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For Implanting Physician(s):

This checklist is provided as a visual summary of the information contained in this coding guide. Please see references at the end of this guide. It is the responsibility of the physician to determine the appropriate diagnosis code (s) for each patient. Codes listed below are for reference only.

CODES / MODIFIERS / OTHER	WHEN USED?	INCLUDED	NA
DIAGNOSIS CODES^{2,5}			
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"/>
CPT[†] CODES			
33418 Transcatheter mitral valve repair; initial prosthesis	All cases	<input type="checkbox"/>	<input type="checkbox"/>
+33419 Transcatheter mitral valve repair; add'l prosthesis(es)	Cases where two or more clips are implanted	<input type="checkbox"/>	<input type="checkbox"/>
CPT[†] CODE MODIFIERS			
-Q0/Q1 Investigational / Routine clinical service provided in a clinical research study that is in an approved clinical research study.	All cases	<input type="checkbox"/>	<input type="checkbox"/>
-62 -62 When two surgeons work together as primary surgeons performing distinct part(s) of a procedure.	When two surgeons/ co-surgeons perform the procedure. Supporting documentation is required to show medical necessity for co-surgeons	<input type="checkbox"/>	<input type="checkbox"/>
NCT NUMBER			
02245763	All cases*	<input type="checkbox"/>	<input type="checkbox"/>

*NCT number 02245763 is required for cases enrolled in the TVT registry.

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For Echocardiographer

This checklist is provided as a visual summary of the information contained in this coding guide. Please see references at the end of this guide. It is the responsibility of the physician to determine the appropriate diagnosis code (s) for each patient. Codes listed below are for reference only.

CODES / MODIFIERS / OTHER	WHEN USED?	INCLUDED	NA
DIAGNOSIS CODES^{2,5}			
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"/>
CPT[‡] CODES			
93355 TEE for intra procedural monitoring	All cases	<input type="checkbox"/>	<input type="checkbox"/>
CPT[‡] CODE MODIFIERS			
-Q0/Q1 Investigational / Routine clinical service provided in a clinical research study that is in an approved clinical research study.	All cases	<input type="checkbox"/>	<input type="checkbox"/>
NCT NUMBER			
02245763	All cases*	<input type="checkbox"/>	<input type="checkbox"/>

*NCT number 02245763 is required for cases enrolled in the TVT registry.

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Procedure Codes

ICD-10-PCS PROCEDURE CODE	DESCRIPTOR
02UG3JZ	Supplement mitral valve with Synthetic Substitute, Percutaneous approach
B245ZZ4	Ultrasonography of Left Heart, Transesophageal

For other concomitant conditions, other TEE codes may apply.

Diagnostic cardiac catheterization may also be coded when it is performed for specific evaluation beyond the approach to the procedure. If the cardiac catheterization is part of the approach for the procedure, it may not be coded separately.⁷

Diagnosis Codes

Below are the ICD-10-CM codes currently included in the NCD for TMVr.² It is the responsibility of the hospital and physician to determine the appropriate diagnosis code(s) for each patient. As discussed above, participation in the TVT Registry is a requirement of TMVr coverage. Secondary ICD-10-CM Diagnosis Code Z00.6 should be used to denote clinical trial participation for these TMVr claims.²

ICD-10-PCS PROCEDURE CODE	DESCRIPTOR
134.0	Nonrheumatic mitral (valve) insufficiency
134.1	Nonrheumatic mitral valve prolapse
Z00.6	Encounter for exam for normal comparison and control in clinical research program

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Additional Requirements

Additional coding requirements are necessary for TMVr cases enrolled in the TVT Registry.

ADDITIONAL REQUIRED INFORMATION	NOTES
NCT 02245763	National Clinical Trial Number is required for cases enrolled in the TVT Registry. ²
Condition Code 30	Condition Code is required for cases enrolled in the TVT Registry. ²

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Hospital Claim Checklist:

The following is a checklist of information that is required to process claims for TMVr procedures with the MitraClip® System per CMS’s NCD. It is the responsibility of the hospital 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 / OTHER	WHEN USED?	INCLUDED	NA
DIAGNOSIS CODES ^{2,5}			
I34.0: Nonrheumatic mitral (valve) insufficiency	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
I34.1: Nonrheumatic mitral valve prolapse	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Z00.6: Encounter for exam for normal comparison and control in clinical research program	All cases	<input type="checkbox"/>	<input type="checkbox"/>
PROCEDURE CODE			
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"/>

*NCT number 02245763 is required for cases enrolled in the TVT registry.

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Hospital Inpatient Payment:

Medicare inpatient payments below are effective for FY 2019; October 1, 2018 through September 30, 2019.

Effective October 1, 2016 CMS has assigned TMVr procedures to MS-DRGs 228-229, Other cardiothoracic procedures, with and without MCCs, respectively.

MS-DRG	DESCRIPTOR	FY 2019 NATIONAL AVERAGE ⁶
228	Other cardiothoracic procedures with MCC	\$47,122
229	Other cardiothoracic procedures without MCC	\$33,585

Note that actual hospital payment will vary based on adjustments for factors including geographic differences, teaching status, and disproportionate share of indigent patients. Note that actual hospital payment will vary based on adjustments for factors including geographic differences, teaching status, and disproportionate share of indigent patients. MS-DRG payment for TVT Registry participants as of 8/17/2018 excluding Puerto Rico and Maryland hospitals created using FY 2017 MedPAR (Proposed Rule). 45%:55% case split between DRGs 228 and 229. Average based on approximately 585 participating hospitals.

Private Payers

Private payers use a variety of payment methods for reimbursing inpatient services including case rates, percent of billed charges, DRGs, and device carve outs. Please check with your payer regarding appropriate coding and payment information.

Disclaimer

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References and Brief Summary

1. CMS National Coverage Determination for Transcatheter Mitral Valve Repair 20.33
2. CMS MLN Matters MM9002 Transcatheter Mitral Valve Repair (TMVr)-National Coverage Determination (NCD)
3. CPT Copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association
4. Physician Prospective Payment-Final rule with Comment Period and Final CY2019 Payment Rates. CMS-1693-F: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>
5. Per CMS Transmittal I630, released February 26, 2016
6. Hospital Inpatient Prospective Payment-Final Rule with Comment Period and Final FY2019 Payment Rates. CMS-1694-F: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Regulations.html>
7. AHA Coding Clinic, Third Quarter, 2004, page 10

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www.cardiovascular.Abbott

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