

MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR (TEER)

Checklist for Hospital Claims

This checklist is provided as a summary of the information used to process hospital claims for Mitral Transcatheter Edge-To-Edge Repair (TEER) procedures per CMS's National Coverage Determination¹. 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			
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"/>
ICD-10-PCS CODE			
02UG3JZ: Supplement mitral valve with Synthetic Substitute, Percutaneous approach	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"/>
VALUE CODE			
D4	All cases	<input type="checkbox"/>	<input type="checkbox"/>
REVENUE CODE			
278: Medical / Surgical supplies and devices, other implants	All cases	<input type="checkbox"/>	<input type="checkbox"/>

References:

1. CMS MLN Matters MM12361 Transcatheter Edge-to-Edge Repair (TEER) - National Coverage Determination (NCD): <https://www.cms.gov/files/document/mm12361.pdf>

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