

## MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR (TEER) Checklist for Implanting Physician(s)

This checklist is provided as a summary of the information used to process claims for TEER procedures with the MitraClip<sup>™</sup> System per CMS's NCD 20.33<sup>1</sup>. 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 <sup>2</sup>			
I34.0 / I34.1: Nonrheumatic mitral valve disorders	When appropriate		
Z00.6: Examination of a participant in a clinical trial	All cases		
Applicable secondary diagnosis codes	When appropriate		
CPT <sup>‡</sup> Codes			
33418: Transcatheter mitral valve repair; initial prosthesis	All cases		
+33419: Transcatheter mitral valve repair; add'l prosthesis(es)	Cases where two or more clips are implanted		
+93662: Intracardiac echocardiography during therapeutic/diagnostic intervention	When appropriate		
CPT <sup>‡</sup> Code MODIFIERS			
-Q0: Investigational / Routine clinical service provided in a clinical research study that is in an approved clinical research study.	All cases		
-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		
-80/-82: Surgical assistant	When surgical assistant services are used during the procedure.		
NCT NUMBER			
02245763	All cases		

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

## Disclaimer

This material and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, prayment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement or any related issues. This material reproduces information for reference purposes only. It is not provided or authorized for marketing use.

## References:

2. CMS MLN Matters #MM12361: https://www.cms.gov/files/document/mm12361.pdf

## Abbott

3200 Lakeside Dr., Santa Clara, CA 95054 USA Tel: 1.800.227.9902

™ Indicates a trademark of the Abbott group of companies

 $\ddagger$  Indicates third party trademark, which is the property of its  $% \left( {\left[ {n - 1} \right]_{n - 1}^{n - 1} } \right)$  respective owner. www.cardiovascular.abbott

@2023 Abbott. All rights reserved. MAT-1901339 v6.0 | Item approved for U.S. use only