



Prior Authorization Checklist for Transcatheter Edge-To-Edge Repair (TEER) for Mitral Valve Regurgitation

This checklist is provided as a summary of the information used to process Prior Authorization Requests for mitral TEER procedures. This procedure was formerly known as Transcatheter Mitral Valve Repair (TMVr). It refers to the ICD-10-CM diagnosis codes:

- I34.0 Nonrheumatic mitral (valve) insufficiency
- I43.1 Nonrheumatic mitral valve prolapse

This list of codes is not all-inclusive. Please check your patient's benefit administrator's prior authorization requirements before submitting a prior authorization request.

Please do not include this form in your submission to the payer.

CPT [‡] CODES ¹	DESCRIPTION	INCLUDED
33418	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis	<input type="checkbox"/>
+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).	<input type="checkbox"/>

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.

The following clinical information may be required when submitting a prior authorization request for the aforementioned CPT[‡] codes. This information is subject to change. Please check your patient's benefit administrator's prior authorization requirements before submitting a prior authorization request. It's important to distinguish between different types of mitral regurgitation (MR) prior to submission².

SUGGESTED INFORMATION TO INCLUDE WITH PRIOR AUTHORIZATION FOR PRIMARY (DEGENERATIVE) MR	INCLUDED
ICD Diagnosis and indication for procedure:	<input type="checkbox"/>
Significant symptomatic primary MR (MR grade \geq 3+) at prohibitive risk for mitral valve surgery.	<input type="checkbox"/>
Patients' existing comorbidities should not preclude the expected benefit from reduction of the MR.	<input type="checkbox"/>
Patients with untreated severe aortic stenosis are not eligible for this procedure.	<input type="checkbox"/>
An interventional cardiologist must independently evaluate the patient using information in the medical record and a face-to-face examination.	<input type="checkbox"/>
A cardiac surgeon must independently evaluate the patient using information in the medical record and a face-to-face examination.	<input type="checkbox"/>

SUGGESTED INFORMATION TO INCLUDE WITH PRIOR AUTHORIZATION FOR SECONDARY (FUNCTIONAL) MR	INCLUDED
ICD Diagnosis and indication for procedure:	<input type="checkbox"/>
Symptomatic moderate-to-severe or severe functional MR (MR grade \geq 3+) when the patient remains symptomatic despite stable doses of maximally tolerated guideline-directed medical therapy (GDMT) plus cardiac resynchronization therapy.	<input type="checkbox"/>
Left ventricular ejection fraction (LVEF) \geq 20% and \leq 50%	<input type="checkbox"/>
Left ventricular end systolic dimension (LVESD) \leq 70 mm	<input type="checkbox"/>
An interventional cardiologist must independently examine the patient to confirm the procedure eligibility using information in the medical record and a face-to-face examination.	<input type="checkbox"/>
A heart failure experienced cardiologist must independently examine the patient to confirm the procedure eligibility using information in the medical record and a face-to-face examination.	<input type="checkbox"/>

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References:

1. CPT[®] Copyright 2022 American Medical Association. CPT is a registered trademark of the American Medical Association: <https://www.ama-assn.org/>
2. NCD - Transcatheter Edge-to-Edge Repair (TEER) for Mitral Valve Regurgitation (20.33) Published January 19, 2021. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncid=363&ncdver=2>
3. FDA Instructions to Use. MitraClip[™] NT Clip Delivery System. 2019. Steerable Guide Catheter Ref No. SGC0101/Ref No. SGC0301, https://www.accessdata.fda.gov/cdrh_docs/pdf10/P100009c.pdf
4. CMS_2023_ICD-10-CM <https://www.cms.gov/medicare/icd-10/2023-icd-10-cm>

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