

# TRANSCATHETER EDGE-TO-EDGE REPAIR (TEER) CODING GUIDE

MITRACLIP™ TEER  
TRICLIP™ TEER

INPATIENT RATES EFFECTIVE OCTOBER 1, 2024

PHYSICIAN RATES EFFECTIVE JANUARY 1, 2025

MITRACLIP	COVERAGE	HOSPITAL INPATIENT	HOSPITAL CLAIM CHECKLIST	PHYSICIAN IMPLANTER	PHYSICIAN IMAGER	PHYSICIAN CLAIM CHECKLIST
TRICLIP	COVERAGE	HOSPITAL INPATIENT	HOSPITAL CLAIM CHECKLIST	PHYSICIAN IMPLANTER	PHYSICIAN IMAGER	PHYSICIAN CLAIM CHECKLIST

# TRANSCATHETER EDGE-TO-EDGE REPAIR (TEER)

Effective January 1, 2025

## INTRODUCTION

The TEER Coding Guide is intended to provide MitraClip™ TEER and TriClip™ TEER reference material related to the reimbursement of Abbott products when used consistently with their labeling.

## REIMBURSEMENT HOTLINE

In addition, Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available at: [hce@abbott.com](mailto:hce@abbott.com). This guide and all supporting documents are available at <https://www.cardiovascular.abbott/us/en/hcp/reimbursement/sh.html>. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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MITRACLIP	COVERAGE	HOSPITAL INPATIENT	HOSPITAL CLAIM CHECKLIST	PHYSICIAN IMPLANTER	PHYSICIAN IMAGER	PHYSICIAN CLAIM CHECKLIST
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# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR (TEER) CODING GUIDE

EFFECTIVE OCTOBER 1, 2025

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## MEDICARE INFORMATION

### MEDICARE COVERAGE: DEGENERATIVE MR AND FUNCTIONAL MR

CMS provides coverage for TEER mitral valve regurgitation under Coverage with Evidence Development.<sup>1</sup> Among the coverage requirements specified in this National Coverage Determination (NCD):

- For the treatment of symptomatic moderate-to-severe or severe **functional mitral regurgitation (MR)** when the patient remains symptomatic despite stable doses of maximally tolerated guideline-directed medical therapy (GDMT) plus cardiac resynchronization therapy, if appropriate, or for the treatment of significant symptomatic **degenerative MR** when furnished according to an FDA-approved indication.
- Independent evaluations required for patients:
  - Patients with **functional MR** have been independently evaluated by both an Interventional Cardiologist and Heart Failure Cardiologist
  - Patients with **degenerative MR** have been independently evaluated by both an Interventional Cardiologist and Cardiac Surgeon
- An interventional cardiologist or cardiac surgeon from the heart team must perform the mitral TEER and an interventional echocardiographer from the heart team must perform transesophageal echocardiography during the procedure.
  - The interventional echocardiographer may not also furnish anesthesia during the same procedure.
- All mitral TEER cases must be entered in the TVT registry.

Other institutional and operator requirements apply. Please refer to NCD Decision Memo 00438R and MLN Matters<sup>‡</sup> Number MM12361 for additional details and requirements.<sup>1,2</sup>

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## Medicare Advantage and Private Payer Information

### PRIVATE PAYERS

Private payer plans vary significantly in coverage and compliance requirements for mitral TEER with the MitraClip™ therapy.

- Commercial payers should be consulted in advance of the procedure to verify terms and conditions of coverage.
- Please check with your payer regarding appropriate coding and payment information.
- Commercial payer policies vary on details such as:
  - prior authorization requirements
  - co-surgeon requirements
  - covered disease etiology (primary/secondary MR).
- Individual case consideration/appeals process.

Please consult the commercial payer directly to ensure complete understanding of any relevant coverage policies and billing requirements.

### MEDICARE ADVANTAGE

Medicare Advantage plans must cover mitral TEER with the MitraClip™ therapy consistent with the national coverage determination (NCD).

- Medicare Advantage plans **may not** impose more restrictive coverage criteria than detailed in the NCD
- Medicare Advantage plans **may** use prior authorization/pre-certification to ensure compliance with the NCD

Please reach out directly to Medicare Advantage plan administrators to understand any specific prior authorization/pre-certification requirements that may apply.

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## FY 2025 Hospital Inpatient Reimbursement - Medicare

### NATIONAL AVERAGE REIMBURSEMENT INFORMATION

Mitral TEER procedures are assigned to MS-DRG 266/267: Endovascular Cardiac Valve Replacement and Supplement Procedures. The rates in the table below are the national average reimbursement rates. For hospital specific rates, please contact your local Abbott representative.

	FY 2025 <sup>3</sup>
<b>MS-DRG</b>	<b>266/267</b>
With MCCs	\$42,754
Without MCCs	\$33,575
Weighted Average	\$37,614

MCCs = Major Co-morbidities and Complications. Weighted average using MS-DRG breakdown of mitral TEER cases in Medicare 2023 Standard Analytics files <sup>4</sup>: 44% w/MCCs, 56% w/o MCCs

## FY2025 Payment Rates Effective October 1, 2024 - September 30, 2025

### INPATIENT ONLY PROCEDURE

The mitral TEER procedure is designated by CMS as an Inpatient Only Procedure. Therefore, the two-midnight rule for Medicare does not apply.<sup>3</sup> In addition, there is not designated APC payment for the mitral TEER procedure or a C-Code for the mitral TEER device.

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## PROCEDURE CODES

### ICD-10-PCS PROCEDURE CODE<sup>2,5</sup>

### DESCRIPTOR

02UG3JZ

Supplement mitral valve with Synthetic Substitute, Percutaneous approach

## DIAGNOSIS CODES

Below are the ICD-10-CM codes currently included in the NCD for mitral TEER.<sup>2</sup> 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 mitral TEER coverage. Secondary ICD-10-CM Diagnosis Code Z00.6 should be used to denote clinical trial participation for mitral TEER claims.<sup>2</sup>

### ICD-10-CM DIAGNOSIS CODES<sup>2,5</sup>

### DESCRIPTOR

I34.0

Nonrheumatic mitral (valve) insufficiency

I34.1

Nonrheumatic mitral valve prolapse

Z00.6

Encounter for exam for normal comparison and control in clinical research program

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## DOCUMENTATION OF PATIENT COMORBIDITIES

Patient complications and comorbidities should be identified on admission. Ensure the documentation addresses the acuity, treatment of the comorbidity while in the hospital, and the status on discharge. Always use the most detailed and appropriate code available versus defaulting to an “unspecified” code. It is the responsibility of the hospital or physician to determine appropriate coding for a particular patient and/or procedure.

For reference, below are the common major complications and comorbidities on mitral TEER claims.<sup>4</sup>

ICD-10-CM <sup>6</sup> DESCRIPTOR		ICD-10-CM <sup>6</sup> DESCRIPTOR	
A41.9	Sepsis, unspecified organism	J18.9	Pneumonia, unspecified organism
E43	Unspecified severe protein-calorie malnutrition	J96.01	Acute respiratory failure with hypoxia
G93.41	Metabolic encephalopathy	J96.02	Acute respiratory failure with hypercapnia
I21.4	Non-ST elevation (NSTEMI) myocardial infraction	J96.21	Acute and chronic respiratory failure with hypoxia
I21.A1	Myocardial infarction type 2	K72.00	Acute and subacute hepatic failure without coma
I51.1	Rupture of chordae tendineae, not elsewhere classified	N17.0	Acute kidney failure with tubular necrosis
I50.23	Acute on chronic systolic (congestive) heart failure	N18.6	End stage renal disease
I50.31	Acute diastolic (congestive) heart failure	R57.0	Cardiogenic shock
I50.33	Acute on chronic diastolic (congestive) heart failure		
I50.43	Acute on chronic combined systolic and diastolic heart failure		



# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## ADDITIONAL REQUIREMENTS

Additional coding requirements are necessary for mitral TEER 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. <sup>2</sup> For Form UB-04 paper claims, enter 02245763 in the value amount, value code D4. For 837I electronic claims, enter 02245763 in Loop 2300 REF02 (REF01 = P4). <sup>7</sup>
Condition Code 30	Condition Code is required for cases enrolled in the TVT Registry. <sup>2</sup>
Revenue Code 278	Medical/Surgical supplies and devices: Other Implants. A revenue code must be included on all mitral TEER claims.

For additional considerations regarding private payer and Medicare Advantage plans, please reference the coverage section of this guide.

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## HOSPITAL CLAIM CHECKLIST:

This checklist is provided as a summary of the information used to process claims for mitral TEER procedures with the MitraClip™ TEER 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 / OTHER	WHEN USED?	INCLUDED	NA
<b>DIAGNOSIS CODES<sup>2</sup></b>			
<b>I34.0/I34.1:</b> Nonrheumatic mitral valve disorders	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<b>Z00.6:</b> 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"/>
<b>PROCEDURE CODE</b>			
<b>02UG3JZ:</b> Supplement mitral valve with Synthetic Substitute, Percutaneous approach	All cases	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONDITION CODE</b>			
<b>30 - Qualifying clinical trial</b>	All cases	<input type="checkbox"/>	<input type="checkbox"/>
<b>NCT NUMBER</b>			
<b>02245763</b>	All cases	<input type="checkbox"/>	<input type="checkbox"/>
<b>VALUE CODE</b>			
<b>D4</b>	All cases	<input type="checkbox"/>	<input type="checkbox"/>
<b>REVENUE CODE</b>			
<b>278:</b> Medical/Surgical supplies and devices, other implants	All cases	<input type="checkbox"/>	<input type="checkbox"/>

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## PROCEDURE CODES AND CY 2025 REIMBURSEMENT - MEDICARE

CPT <sup>†</sup> CODE <sup>8</sup>	DESCRIPTOR	NATIONAL AVERAGE REIMBURSEMENT <sup>9</sup>	TOTAL FACILITY RVUs <sup>9</sup>	WORK RVUs <sup>9</sup>
<b>MITRAL TEER PROCEDURE WITH IMPLANT</b>				
33418*	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis	\$1,712	52.93	32.25
+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)	\$401	12.41	7.93
<p>Angiography, radiological supervision, and interpretation performed to guide TEER (e.g., 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>				
<b>INTRACARDIAC ECHOCARDIOGRAPHY (ICE)</b>				
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	\$67	2.06	1.44

\* The mitral TEER, echocardiography and anesthesia services are only payable when billed by separate practitioners.<sup>10</sup>

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

CY2025 Reimbursement Rates Effective January 1 - December 31, 2025

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## CODING MODIFIERS AND ADDITIONAL REQUIREMENTS

MODIFIER	NOTES
-Q0	Use for physician claims for cases enrolled in the TVT Registry. <sup>2</sup>
-62	Use for physician claims for cases where two surgeons/co-surgeons perform TEER. Note that in scenarios where co-surgeon participation is medically necessary, the submission of supporting documentation is required. <sup>2</sup>
-80/-82	Use for assistant surgeon claims for TEER. Append modifier to assistant surgeon claims; do not append modifier to primary surgeon claims. Use -80 when TEER is performed at non-teaching community hospitals without surgery residents. Use -82 for when TEER 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. <sup>2</sup> For Form CMS-1500 paper claims, enter 'CT' followed by 02245763 in Field 19. For 837P electronic claims, enter 02245763 (no 'CT') in Loop 2300 REF02 (REF01 = P4). <sup>7</sup>

For additional considerations regarding private payer and Medicare Advantage plans, please reference the coverage section of this guide.

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## CODING FOR CO-SURGEONS

Mitral TEER is covered by Medicare when performed by a single operator, or by co-surgeons as clinically appropriate. Per the TEER NCD (20.33), "The interventional cardiologist and cardiac surgeon may jointly participate in the intra-operative technical aspects of TEER as appropriate."<sup>1</sup>

The Physician Final Rule 2024 states that the -62 modifier for TEER has a status indicator of one (1) which signifies that co-surgeons may be paid.

- Both surgeons use the same CPT<sup>‡</sup> 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 mitral TEER procedures. At this time, there are no TEER-specific criteria or guidance for co-surgeons, nor do we anticipate that CMS will develop such TEER-specific direction regarding co-surgeons.
- Each surgeon's role must be clearly defined in the operative notes. See below table for considerations. Providers need their own notes to bill as co-surgeons.
- Local Medicare Administrative Contractors (MAC) will determine the medical necessity of co-surgeons performing mitral TEER 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.

### 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 transseptal 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."

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## DIAGNOSIS CODES

Below are the diagnosis codes currently included in NCD 20.33 for TEER.<sup>1,2</sup> 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 TEER coverage. Secondary diagnosis code Z00.6 should be used to denote clinical trial participation for these TEER claims.<sup>2</sup>

ICD-10-CM DIAGNOSIS CODE <sup>6</sup>	CODE DESCRIPTOR
I34.0	Nonrheumatic mitral (valve) insufficiency
I34.1	Nonrheumatic mitral valve prolapse
Z00.6	Encounter for exam for normal comparison and control in clinical research program

For additional considerations regarding private payer and Medicare Advantage plans, please reference the coverage section of this guide.

MITRACLIP	COVERAGE	HOSPITAL INPATIENT	HOSPITAL CLAIM CHECKLIST	PHYSICIAN IMPLANTER	PHYSICIAN IMAGER	PHYSICIAN CLAIM CHECKLIST
TRICLIP	COVERAGE	HOSPITAL INPATIENT	HOSPITAL CLAIM CHECKLIST	PHYSICIAN IMPLANTER	PHYSICIAN IMAGER	PHYSICIAN CLAIM CHECKLIST

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## PROCEDURAL IMAGING<sup>1</sup>

CPT <sup>‡</sup> CODE <sup>§</sup>	DESCRIPTION	NATIONAL AVERAGE REIMBURSEMENT <sup>9</sup>	TOTAL FACILITY RVUs <sup>9</sup>	WORK RVU <sup>9</sup>
<b>TRANSEOPHAGEAL ECHOCARDIOLOGY (TEE)<sup>3</sup></b>				
93355*	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (e.g., 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	\$213	6.60	4.66

\* Note that 93355 is bundled and not separately payable when reported on the same physician claim as the primary procedure or with anesthesia services<sup>3</sup>

# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## FOR IMPLANTING PHYSICIAN(S):

This checklist is provided as a summary of the information used to process claims for TEER procedures with the MitraClip™ 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 / OTHER	WHEN USED?	INCLUDED	NA
<b>DIAGNOSIS CODES<sup>2</sup></b>			
<b>I34.0 / I34.1:</b> Nonrheumatic mitral valve disorders	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<b>Z00.6:</b> 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"/>
<b>CPT<sup>+</sup> CODES<sup>3</sup></b>			
<b>33418:</b> Transcatheter mitral valve repair; initial prosthesis	All cases	<input type="checkbox"/>	<input type="checkbox"/>
<b>+33419:</b> Transcatheter mitral valve repair; add'l prosthesis(es)	Cases where two or more clips are implanted	<input type="checkbox"/>	<input type="checkbox"/>
<b>+93662:</b> Intracardiac echocardiography during therapeutic/diagnostic intervention	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<b>CPT<sup>+</sup> CODE MODIFIERS</b>			
<b>-Q0:</b> 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"/>
<b>-62:</b> 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"/>
<b>-80/-82:</b> Surgical assistant	When surgical assistant services are used during the procedure.	<input type="checkbox"/>	<input type="checkbox"/>
<b>NCT NUMBER</b>			
<b>02245763</b>	All cases	<input type="checkbox"/>	<input type="checkbox"/>

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



# MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## FOR ECHOCARDIOGRAPHER

This checklist is provided as a summary of the information used to process claims for TEER procedures with the MitraClip™ 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 / OTHER	WHEN USED?	INCLUDED	NA
<b>DIAGNOSIS CODES<sup>2</sup></b>			
<b>I34.0 / I34.1:</b> Nonrheumatic mitral valve disorders	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<b>Z00.6:</b> 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"/>
<b>CPT<sup>+</sup> CODE<sup>8</sup></b>			
<b>93355:</b> TEE for intraprocedural monitoring	All cases	<input type="checkbox"/>	<input type="checkbox"/>
<b>CPT<sup>+</sup> CODE MODIFIERS</b>			
<b>-Q0:</b> 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"/>
<b>NCT NUMBER</b>			
<b>02245763</b>	All cases	<input type="checkbox"/>	<input type="checkbox"/>

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR CODING GUIDE

INPATIENT RATES EFFECTIVE OCTOBER 1, 2024

PHYSICIAN RATES EFFECTIVE JANUARY 1, 2025

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## Medicare, Medicare Advantage, and Private Payer Information

### MEDICARE

There are **no current NCD or LCDs addressing tricuspid TEER**; therefore, there are currently no Medicare-specified operator or institutional requirements. Document acuity and need for intervention in the patient's record.

### MEDICARE ADVANTAGE

There are no current Medicare policies addressing tricuspid TEER; therefore, coverage may default to commercial policies.

Please reach out directly to Medicare Advantage plan administrators to understand any specific prior authorization/pre-certification requirements that may apply.

### PRIVATE PAYERS

- Commercial payers should be consulted in advance of the procedure to verify terms and conditions of coverage.
- Please check with your payer regarding appropriate coding and payment information.

Please consult the commercial payer directly to ensure complete understanding of any relevant coverage policies and billing requirements.

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## FY 2025 Hospital Inpatient Reimbursement - Medicare

### NATIONAL AVERAGE REIMBURSEMENT INFORMATION

Tricuspid TEER procedures are assigned to MS-DRG 266/267: Endovascular Cardiac Valve Replacement and Supplement Procedures. The rates in the table below are the national average reimbursement rates. For hospital specific rates, please contact your local Abbott representative.

Effective October 1, 2024, TriClip™ TEER procedures are eligible for an incremental payment from Medicare (Fee for Service cases only) called the “New Technology Add-on Payment (NTAP)”. Please refer to the [NTAP guide](#) on the Structural Heart Reimbursement Website for more information.

	FY 2025 <sup>3</sup>
<b>MS-DRG</b>	<b>266/267</b>
With MCCs	\$42,754
Without MCCs	\$33,575
Weighted Average	\$37,522

Weighted average using MS-DRG breakdown of tricuspid TEER cases Medicare 2023 Standard Analytical files<sup>4</sup>: 44% w/MCCs, 56% w/o MCCs

MCCs = Major Co-morbidities and complications

## FY2025 Payment Rates Effective October 1, 2024 - September 30, 2025

### INPATIENT ONLY PROCEDURE

The tricuspid TEER procedure is designated by CMS as an Inpatient Only Procedure. Therefore, the two-midnight rule for Medicare does not apply.<sup>3</sup> In addition, there is not a designated APC payment for the tricuspid TEER procedure or a C-Code for the tricuspid TEER device.

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## PROCEDURE CODES

### ICD-10-PCS PROCEDURE CODE<sup>5</sup>

### DESCRIPTOR

02UJ3JZ

Supplement tricuspid valve with Synthetic Substitute, Percutaneous approach

## DIAGNOSIS CODES

The following is a sample list of diagnosis codes which may apply to the tricuspid TEER procedure and is not meant to be an exhaustive list representative of all diagnosis options for the procedure. It is the responsibility of the hospital and physician to determine the appropriate diagnosis code(s) for each patient. For non-Medicare payers it is important to consult local medical coverage policies for guidance.

### ICD-10-CM DIAGNOSIS CODES<sup>6</sup>

### DESCRIPTOR

I36.1

Nonrheumatic tricuspid (valve) insufficiency

I36.8

Other nonrheumatic tricuspid valve disorders

I36.9

Nonrheumatic tricuspid valve disorder, unspecified

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## DOCUMENTATION OF PATIENT COMORBIDITIES

Patient complications and comorbidities should be identified on admission. Ensure the documentation addresses the acuity, treatment of the comorbidity while in the hospital, and the status on discharge. Always use the most detailed and appropriate code available versus defaulting to an “unspecified” code. It is the responsibility of the hospital or physician to determine appropriate coding for a particular patient and/or procedure.

For reference, below are the common major complications and comorbidities on tricuspid TEER claims.<sup>4</sup>

ICD-10-CM <sup>6</sup>	DESCRIPTOR
I50.23	Acute on chronic systolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure

Common MCCs on tricuspid TEER claims form 2022 Acclaim Data Analytics<sup>4</sup>

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## HOSPITAL CLAIM CHECKLIST:

This checklist is provided as a summary of the information used to process claims for tricuspid TEER procedures with the TriClip™ TEER system. Included is a sample list of diagnosis codes which may apply to the tricuspid TEER procedure and is not meant to be an exhaustive list representative of all diagnosis options for the procedure. It is the responsibility of the hospital and/or physician to determine appropriate coding for a particular patient and/or procedure. Claims should be coded appropriately and supported with adequate documentation in the medical record.

CODES / MODIFIERS / OTHER	WHEN USED?	INCLUDED	NA
<b>DIAGNOSIS CODES<sup>6</sup></b>			
<b>I36.1:</b> Nonrheumatic tricuspid (valve) insufficiency	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<b>I36.8:</b> Other Nonrheumatic tricuspid valve disorders	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<b>I36.9:</b> Nonrheumatic tricuspid valve disorder, unspecified	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Applicable Secondary Diagnosis Codes	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROCEDURE CODE</b>			
<b>02UJ3JZ:</b> Supplement tricuspid valve with Synthetic Substitute, Percutaneous approach	All cases	<input type="checkbox"/>	<input type="checkbox"/>
<b>BILL TYPE</b>			
<b>11X - Inpatient</b>	All cases	<input type="checkbox"/>	<input type="checkbox"/>
<b>REVENUE CODE</b>			
<b>278:</b> Medical/Surgical supplies and devices, other implants	All cases	<input type="checkbox"/>	<input type="checkbox"/>

Please note that hospitals can report the TriClip™ TEER claims to the relevant STS/ACC TVT Registry.

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## PROCEDURE CODES AND CY 2025 REIMBURSEMENT - MEDICARE

Category III CPT<sup>‡</sup> codes or T-codes are temporary codes assigned to emerging technologies. T-codes do not have established RVUs or reimbursement rates and are contractor-priced. The tricuspid TEER procedure has T-codes. Please contact contractor or payer for rates.

CPT <sup>‡</sup> CODE <sup>8</sup>	DESCRIPTOR	NATIONAL AVERAGE REIMBURSEMENT <sup>9</sup>	TOTAL FACILITY RVUs <sup>9</sup>	WORK RVUs <sup>9</sup>
<b>TRICUSPID TEER PROCEDURE WITH IMPLANT</b>				
0569T	Transcatheter tricuspid valve repair percutaneous approach	C	C	C
+0570T	Transcatheter tricuspid valve repair percutaneous approach. Additional prosthesis during same session (List separately in addition to code for primary procedure). (Use +0570T in conjunction with 0569T)	C	C	C

Angiography, radiological supervision, and interpretation performed to guide TEER (e.g., 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 0569T or +0570T when done intrinsic to the valve repair procedure.

**INTRACARDIAC ECHOCARDIOGRAPHY (ICE) IS BUNDLED IN CODES 0569T AND +0570T**

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

C = Contractor-priced code. Contractors establish RVUs and payment amounts for these services.

CY2025 Reimbursement Rates Effective January 1 - December 31, 2025



# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## CODING MODIFIERS AND ADDITIONAL REQUIREMENTS

MODIFIER	NOTES
-62	Use for physician claims for cases where two surgeons/co-surgeons perform TEER. Note that in scenarios where co-surgeon participation is medically necessary, the submission of supporting documentation is required. <sup>2</sup>
-80/-82	Use for assistant surgeon claims for TEER. Append modifier to assistant surgeon claims; do not append modifier to primary surgeon claims. Use -80 when TEER is performed at non-teaching community hospitals without surgery residents. Use -82 for when TEER is performed at teaching hospitals with surgery residents; -82 indicates qualified surgery resident unavailable. Documentation regarding medical necessity required.

For additional considerations regarding private payer and Medicare Advantage plans, please reference the coverage section of this guide.

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## CROSSWALK TO COMPARABLE CPT<sup>‡</sup> CODE(S)

Physicians are encouraged to work in advance with their billing department to establish a comparable Category I CPT<sup>‡</sup> code for billing the tricuspid TEER procedure. Since the Category III CPT<sup>‡</sup> code does not have established RVUs, the following procedures listed below may require similar effort, expertise, time, and resource utilization as the tricuspid TEER procedure. Note: The Category I CPT<sup>‡</sup> codes represented in the table below are for illustrative purposes only and are not meant to be all inclusive.

Physicians are responsible for selecting the appropriate Category I CPT<sup>‡</sup> comparator that is best representative of the tricuspid TEER procedure.

It is important to note physicians will not bill the Category I CPT<sup>‡</sup> comparable code equivalent below on the billing claim form. Physicians will report the Category III code (0569T and +0570T) on their claims submission forms and document the crosswalk or comparable Category I CPT<sup>‡</sup> code in their documentation to ensure that payment is equivalent to other similar procedures performed.

CPT <sup>‡</sup> CODE <sup>8</sup>	DESCRIPTOR	NATIONAL AVERAGE REIMBURSEMENT <sup>9</sup>	TOTAL FACILITY RVUs <sup>9</sup>	WORK RVUs <sup>9</sup>
<b>MITRAL TEER PROCEDURE WITH IMPLANT</b>				
33418	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis	\$1,712	52.93	32.25
+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)	\$401	12.41	7.93
<b>AORTIC VALVE REPLACEMENT (TAVR/TAVI)</b>				
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	\$1,149	35.51	22.47

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

Effective Dates: January 1, 2025 - December 31, 2025

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## DIAGNOSIS CODES

The following is a sample list of diagnosis codes which may apply to the tricuspid TEER procedure and is not meant to be an exhaustive list representative of all diagnosis options for the procedure. It is the responsibility of the hospital and physician to determine the appropriate diagnosis code(s) for each patient. For non-Medicare payers it is important to consult local medical coverage policies for guidance.

ICD-10-CM DIAGNOSIS CODE <sup>6</sup>	CODE DESCRIPTOR
I36.1	Nonrheumatic tricuspid (valve) insufficiency
I36.8	Other nonrheumatic tricuspid valve disorders
I36.9	Nonrheumatic tricuspid valve disorder, unspecified

MITRACLIP	COVERAGE	HOSPITAL INPATIENT	HOSPITAL CLAIM CHECKLIST	PHYSICIAN IMPLANTER	PHYSICIAN IMAGER	PHYSICIAN CLAIM CHECKLIST
TRICLIP	COVERAGE	HOSPITAL INPATIENT	HOSPITAL CLAIM CHECKLIST	PHYSICIAN IMPLANTER	PHYSICIAN IMAGER	PHYSICIAN CLAIM CHECKLIST

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## PROCEDURAL IMAGING<sup>1</sup>

CPT <sup>‡</sup> CODE <sup>8</sup>	DESCRIPTION	NATIONAL AVERAGE REIMBURSEMENT <sup>9</sup>	TOTAL FACILITY RVUs <sup>9</sup>	WORK RVU <sup>9</sup>
<b>TRANSESOPHAGEAL ECHOCARDIOLOGY (TEE)</b>				
93355*	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (e.g., 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	\$213	6.60	4.66

\* Note that 93355 is bundled and not separately payable when reported on the same physician claim as the primary procedure or with anesthesia services<sup>6</sup>

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## FOR IMPLANTING PHYSICIAN(S):

This checklist is provided as a summary of the information used to process claims for TEER procedures with the TriClip™ System. Included is a sample list of diagnosis codes which may apply to the tricuspid TEER procedure and is not meant to be an exhaustive list representative of all diagnosis options for the procedure. 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 / OTHER	WHEN USED?	INCLUDED	NA
<b>DIAGNOSIS CODES<sup>2</sup></b>			
I36.1 Nonrheumatic tricuspid (valve) insufficiency	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
I36.8 Other Nonrheumatic tricuspid valve disorders	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
I36.9 Nonrheumatic tricuspid valve disorder, unspecified	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Applicable secondary diagnosis codes	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<b>CPT<sup>+</sup> CODES</b>			
<b>0569T:</b> Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	All cases	<input type="checkbox"/>	<input type="checkbox"/>
<b>+0570T:</b> Transcatheter tricuspid valve repair; add'l prosthesis(es)	Cases where two or more clips are implanted	<input type="checkbox"/>	<input type="checkbox"/>
<b>CPT<sup>+</sup> CODE MODIFIERS</b>			
<b>-80/-82:</b> Assistant Surgeon	Surgical assistant services	<input type="checkbox"/>	<input type="checkbox"/>
<b>-62:</b> Two surgeons	When two surgeons work together as primary surgeons performing distinct part(s) of a procedure. Supporting documentation is required to show medical necessity for co-surgeons	<input type="checkbox"/>	<input type="checkbox"/>

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

# TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

## FOR ECHOCARDIOGRAPHER

This checklist is provided as a summary of the information used to process claims for TEER procedures with the TriClip System. Included is a sample list of diagnosis codes which may apply to the tricuspid TEER procedure and is not meant to be an exhaustive list representative of all diagnosis options for the procedure. 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 / OTHER	WHEN USED?	INCLUDED	NA
<b>DIAGNOSIS CODES<sup>6</sup></b>			
I36.1 Nonrheumatic tricuspid (valve) insufficiency	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
I36.8 Other Nonrheumatic tricuspid valve disorders	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
I36.9 Nonrheumatic tricuspid valve disorder, unspecified	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Applicable secondary diagnosis codes	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<b>CPT<sup>‡</sup> CODES</b>			
93355: TEE for intraprocedural monitoring	All cases	<input type="checkbox"/>	<input type="checkbox"/>

MITRACLIP	COVERAGE	HOSPITAL INPATIENT	HOSPITAL CLAIM CHECKLIST	PHYSICIAN IMPLANTER	PHYSICIAN IMAGER	PHYSICIAN CLAIM CHECKLIST
TRICLIP	COVERAGE	HOSPITAL INPATIENT	HOSPITAL CLAIM CHECKLIST	PHYSICIAN IMPLANTER	PHYSICIAN IMAGER	PHYSICIAN CLAIM CHECKLIST

# IMPORTANT SAFETY INFORMATION

**Rx Only**

**Important Safety Information**

**MITRACLIP™ CLIP DELIVERY SYSTEM**

**Indications for Use**

- The MitraClip™ G4 System is indicated for the percutaneous reduction of significant symptomatic mitral regurgitation (MR ≥ 3+) due to primary abnormality of the mitral apparatus [degenerative MR] in patients who have been determined to be at prohibitive risk for mitral valve surgery by a heart team, which includes a cardiac surgeon experienced in mitral valve surgery and a cardiologist experienced in mitral valve disease, and in whom existing comorbidities would not preclude the expected benefit from reduction of the mitral regurgitation.
- The MitraClip™ G4 System, when used with maximally tolerated guideline-directed medical therapy (GDMT), is indicated for the treatment of symptomatic, moderate-to-severe or severe secondary (or functional) mitral regurgitation (MR; MR ≥ Grade III per American Society of Echocardiography criteria) in patients with a left ventricular ejection fraction (LVEF) ≥ 20% and ≤ 50%, and a left ventricular end systolic dimension (LVESD) ≤ 70 mm whose symptoms and MR severity persist despite maximally tolerated GDMT as determined by a multidisciplinary heart team experienced in the evaluation and treatment of heart failure and mitral valve disease.

**Contraindications**

The MitraClip G4 System is contraindicated in patients with the following conditions: Patients who cannot tolerate, including allergy or hypersensitivity to, procedural anticoagulation or post procedural anti-platelet regime; Patients with known hypersensitivity to clip components (nickel / titanium, cobalt, chromium, polyester), or with contrast sensitivity; Active endocarditis of the mitral valve; Rheumatic mitral valve disease; Evidence of intracardiac, inferior vena cava (IVC) or femoral venous thrombus.

**Potential Complications and Adverse Events**

The following ANTICIPATED EVENTS have been identified as possible complications of the MitraClip G4 procedure: Allergic reactions or hypersensitivity to latex, contrast agent, anesthesia, device materials (nickel / titanium, cobalt, chromium, polyester), and drug reactions to anticoagulation, or antiplatelet drugs, Vascular access complications which may require transfusion or vessel repair including: wound dehiscence, catheter site reactions, Bleeding (including ecchymosis, oozing, hematoma, hemorrhage, retroperitoneal hemorrhage), Arteriovenous fistula, pseudoaneurysm, aneurysm, dissection, perforation / rupture, vascular occlusion, Emboli (air thrombotic material, implant, device component); Peripheral Nerve Injury; Lymphatic complications; Pericardial complications which may require additional intervention, including: Pericardial effuse on, Cardiac tamponade, Pericarditis; Cardiac complications which may require additional interventions or emergency cardiac surgery, including: Cardiac perforation, Atrial septal defect; Mitral valve complications, which may complicate or prevent later surgical repair, including: Chordal entanglement / rupture, Single Leaflet Device Attachment (SLDA), Thrombosis, Dislodgement of previously implanted devices, Tissue damage, Mitral valve stenosis, Persistent or residual mitral regurgitation, Endocarditis; Cardiac arrhythmias (including conduction disorders, atrial arrhythmias, ventricular arrhythmias); Cardiac ischemic conditions (including myocardial infarction, myocardial ischemia, and unstable / stable angina); Venous thromboembolism (including deep vein thrombosis, pulmonary embolism, post procedure pulmonary embolism); Stroke / Cerebrovascular accident (CVA) and Transient Ischemic Attack (TIA); System organ failure: Cardio-respiratory arrest, Worsening heart failure, Pulmonary congestion, Respiratory dysfunction / failure / atelectasis, Renal insufficiency or failure, Shock (including cardiogenic and anaphylactic); Blood cell disorders (including coagulopathy, hemolysis, and Heparin Induced Thrombocytopenia (HIT)); Hypotension / hypertension; Infection including: Urinary Tract Infection (UTI), Pneumonia, Septicemia; Nausea / vomiting; Chest pain; Dyspnea; Edema; Fever or hyperthermia; Pain; Death; Fluoroscopy, Transesophageal echocardiogram (TEE) and Transthoracic echocardiogram (TTE) -related complications: Skin injury or tissue changes due to exposure to ionizing radiation, Esophageal irritation; Esophageal perforation, Gastrointestinal bleeding.

## IMPORTANT SAFETY INFORMATION

### Rx Only

### Important Safety Information

#### TRICLIP™ G4 SYSTEM

#### INDICATIONS

The TriClip™ G4 System is indicated for improving quality of life and functional status in patients with symptomatic severe tricuspid regurgitation despite optimal medical therapy, who are at intermediate or greater risk for surgery and in whom transcatheter edge-to-edge valve repair is clinically appropriate and is expected to reduce tricuspid regurgitation severity to moderate or less, as determined by a multidisciplinary heart team.

#### CONTRAINDICATIONS

The TriClip G4 System is contraindicated in patients with the following conditions: Intolerance, including allergy or untreatable hypersensitivity, to procedural anticoagulation; Untreatable hypersensitivity to Implant components (nickel-titanium alloy, cobalt-chromium alloy); Active endocarditis or other active infection of the tricuspid valve.

#### POTENTIAL ADVERSE EVENTS

The following events have been identified as possible complications of the TriClip G4 Procedure. Allergic reactions or hypersensitivity to latex, contrast agent, anaesthesia, device materials and drug reactions to anticoagulation, or antiplatelet drugs; Additional treatment/surgery from device-related complications; Bleeding; Blood disorders (including coagulopathy, hemolysis, and heparin induced thrombocytopenia (HIT)); Cardiac arrhythmias (including conduction disorders, atrial arrhythmias, ventricular arrhythmias); Cardiac ischemic conditions (including myocardial infarction, myocardial ischemia, unstable angina, and stable angina); Cardiac perforation; Cardiac tamponade; Chest pain; Death; Dyspnea; Edema; Embolization (device or components of the device); Endocarditis; Fever or hyperthermia; Fluoroscopy and transesophageal echocardiogram (TEE) related complications: Skin injury or tissue changes due to exposure to ionizing radiation, Esophageal irritation, Esophageal perforation, Gastrointestinal bleeding; Hypotension/hypertension; Infection including: Septicemia; Nausea or vomiting; Pain; Pericardial effusion; Stroke/cerebrovascular accident (CVA) and transient ischemic attack (TIA); System organ failure: Cardio-respiratory arrest, Worsening heart failure, Pulmonary congestion, Respiratory dysfunction or failure or atelectasis, Renal insufficiency or failure, Shock (including cardiogenic and anaphylactic); Thrombosis; Tricuspid valve complications, which may complicate or prevent later surgical repair, including: Chordal entanglement/rupture, Single leaflet device attachment (SLDA), Dislodgement of previously implanted devices, Tissue damage, Tricuspid valve stenosis, Worsening, persistent or residual regurgitation; Vascular access complications which may require additional intervention, including: Wound dehiscence, Bleeding of the access site, Arteriovenous fistula pseudoaneurysm, aneurysm, dissection, perforation (rupture), vascular occlusion, Embolism (air, thrombus), Peripheral nerve injury; Venous thrombosis (including deep vein thrombosis) and thromboembolism (including pulmonary embolism).



**References**

1. CMS National Coverage Determination for Transcatheter Mitral Valve Repair 20.33: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=363&ncdver=3&>
2. CMS MLN Matters MM12361 Transcatheter Edge-to-Edge Repair (TEER): <https://www.cms.gov/files/document/mm12361.pdf>
3. CMS FY2025 Hospital Inpatient Prospective Payment-Final Rule Home Page CMS-1808-F: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipp-pps-final-rule-home-page>
4. Medicare Inpatient Hospital Standard Analytical Files. 2023 Acclaim data Analytics. Data set on file.
5. CMS CY2025 ICD-10-PCS Procedure Coding System and Index: <https://www.cms.gov/files/document/2025-official-icd-10-pcs-coding-guidelines.pdf>
6. 2025 ICD-10-CM: <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>
7. CMS MLN Matters MM8401 Mandatory Reporting of 8-Digit Clinical Trial Number on Claims: <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/MM8401.pdf>
8. CPT<sup>†</sup> Copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association: <https://www.ama-assn.org/>
9. Physician Prospective Payment Final rule with comment period and final CY2025 Payment Rates. CMS-1807-F: <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>
10. National Correct Coding Initiative Edits: <https://www.cms.gov/medicare/coding-billing/ncci-medicare>

**Caution:** This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at <https://www.eifu.abbott/> for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

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