HEALTH ECONOMICS & REIMBURSEMENT

MITRACLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR (M-TEER) CODING GUIDE

Hospital Inpatient

Effective October 1, 2026 to September 30, 2027

Hospital Outpatient and Physician

Effective January 1, 2026 to December 31, 2026

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TABLE OF CONTENTS

OVERVIEW

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement.

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IMPORTANT NOTE

Medicare participation varies by provider. The payment rates shown are the National Average Medicare payment rates. Reimbursement listed may not apply to all institutions despite Medicare participation.

REIMBURSEMENT SUPPORT

REIMBURSEMENT HOTLINE

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

8 a.m. to 5 p.m. CT, Monday – Friday
Call (855) 569-6430
Email hce@abbott.com

This content and supporting documents are available at
www.cardiovascular.abbott/us/en/hcp/reimbursement

REIMBURSEMENT FIELD TEAM

To contact a reimbursement specialist for coverage, coding or payment questions, scan the QR code or send an email to abbotteconomics@abbott.com.

MEDICARE COVERAGE

CMS provides coverage for TEER for mitral valve regurgitation under Coverage with Evidence Development.[1] 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 anesthesiology 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‡ Number MM12361 for additional details and requirements.[1,2]

MEDICARE ADVANTAGE

Medicare Advantage plans must cover mitral TEER with 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/precertification 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.

PRIVATE PAYERS

Private payer plans vary significantly in coverage and compliance requirements for mitral TEER with 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.

HOSPITAL INPATIENT[3]

Effective October 1, 2026 to September 30, 2027

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.

TYPICAL MS-DRG	MEDICARE RATE
266 with MCCs	$43,872
267 without MCCs	$34,884
Weighted Average	$39,018

MCCs = Major Comorbidities and Complications. Weighted average using MS-DRG breakdown of mitral TEER cases in Medicare 2024 Standard Analytics files[4]: 46% w/MCCs, 54% w/o MCCs

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.[3] In addition, there is not a designated APC payment for the mitral TEER procedure or a C-Code for the mitral TEER device.

PROCEDURE CODES[5]

ICD-10-PCS CODE	DESCRIPTION
02UG3JZ	Supplement mitral valve with Synthetic Substitute, Percutaneous approach

ADDITIONAL REQUIREMENTS

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

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

CODES/MODIFIERS	INSTITUTIONAL CLAIM FORM (UB-04-837i)
National Clinical Trial (NCT) Number	National Clinical Trial Number is required for cases enrolled in the TVT Registry.[2,6] 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).
Condition Code 30	Condition Code is required for cases enrolled in the TVT Registry.
Revenue Code 278	Medical/Surgical supplies and devices: Other Implants. A revenue code must be included on all claims.

PHYSICIAN[7]

Effective January 1, 2026 to December 31, 2026

PHYSICIAN IMPLANTER[7]		PHYSICIAN		
CPT‡ CODE[8]	DESCRIPTION	WORK RVU	FACILITY RVU	OFFICE RATE
MITRAL TEER PROCEDURE WITH IMPLANT				
33418*	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis	31.44	47.35	$1,582
+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)	7.73	11.02	$368
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				
INTRACARDIAC ECHOCARDIOGRAPHY (ICE)				
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	1.40	2.06	$69

PROCEDURAL IMAGING[7]		PHYSICIAN		
CPT‡ CODE[8]	DESCRIPTION	WORK RVU	FACILITY RVU	OFFICE RATE
TRANSEOPHAGEAL ECHOCARDIOGRAPHY (TEE)				
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	4.54	5.75	$192

(+): Indicates add-on code. List add-on code separately in addition to code for primary procedure
NA: There is no established Medicare payment in this setting
*Note that 93355 is bundled and not separately payable when reported on the same physician claim as the primary procedure or with anesthesia services[9]

ADDITIONAL CODES

Effective January 1, 2026 to December 31, 2026

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."[1]

The Physician Final Rule 2025 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‡ 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."

CODING MODIFIERS AND ADDITIONAL REQUIREMENTS

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

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

CODES/MODIFIERS	PROFESSIONAL CLAIM FORM (CMS 1500-837P)
-Q0	Use for physician claims for cases enrolled in the TVT Registry.[2]
-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.[2]
-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.
National Clinical Trial (NCT) Number	National Clinical Trial Number is required for cases enrolled in the TVT Registry.[2] 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).[6]

ADDITIONAL CODES

Effective January 1, 2026 to December 31, 2026

ICD-10-CM DIAGNOSIS CODES[10]

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

ICD-10-CM CODES	DESCRIPTION
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

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.[4]

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

RESOURCES

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.[1] 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
DIAGNOSIS CODES[10]			
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	☐	☐
PROCEDURE CODE[5]			
02UG3JZ: Supplement mitral valve with Synthetic Substitute, Percutaneous approach	All cases	☐	☐
CONDITION CODE			
30 - Qualifying clinical trial	All cases	☐	☐
NCT NUMBER[2,6]			
02245763	All cases	☐	☐
VALUE CODE			
D4	All cases	☐	☐
REVENUE CODE			
278: Medical/Surgical supplies and devices, other implants	All cases	☐	☐

RESOURCES

IMPLANTING PHYSICIAN(S) CHECKLIST

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.[1] 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
DIAGNOSIS CODES[10]			
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‡ CODES[8]			
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‡ 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[2,6]			
02245763	All cases	☐	☐

RESOURCES

ECHOCARDIOGRAPHER CLAIM CHECKLIST

This checklist is provided as a summary of the information used to process claims for TEER procedures with the MitraClip™ TEER System per CMS's NCD 20.33.[1] 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
DIAGNOSIS CODES[10]			
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‡ CODES[8]			
93355: TEE for intraprocedural monitoring	All cases	☐	☐
CPT‡ CODE MODIFIERS			
-Q0: Investigational / Routine clinical service provided in a clinical research study that is in an approved clinical research study.	All cases	☐	☐
NCT NUMBER[2,6]			
02245763	All cases	☐	☐

RESOURCES

ACRONYM DEFINITIONS

ACRONYM	DEFINITION
CMS	Centers for Medicare & Medicaid Services
CPT‡	Current Procedural Terminology
FDA	Food and Drug Administration
GDMT	Guideline-Directed Medical Therapy
MCC	Major Complication or Comorbidity
MLN	Medicare Learning Network
MR	Mitral Regurgitation
MS-DRG	Medicare Severity Diagnosis Related Group
NCD	National Coverage Determination
NCT	National Clinical Trial
NSTEMI	Non-ST-Segment Elevation Myocardial Infarction
RVU	Relative Value Unit
TEE	Transesophageal Echocardiography
M-TEER	Mitral Transcatheter Edge-to-Edge Repair
TVT	Transcatheter Valve Therapy

IMPORTANT SAFETY INFORMATION

Rx Only
Important Safety Information

MITRACLIP™ CLIP DELIVERY SYSTEM

Indications for Use
The MitraClip™ G5 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™ G5 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™ G5 System is contraindicated for use 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 mitral valve

Potential Complications and Adverse Events
The following events have been identified as possible complications of the MitraClip™ G5 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, atrial septal defect, 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; Mitral 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, mitral valve stenosis, worsening, persistent or residual regurgitation, 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, 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).

See the full Important Safety Information for MitraClip™ G5 Clip Delivery System at https://abbo.tt/MC_Full_ISI.

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. Hospital Inpatient Prospective Payment-Final Rule FY 2027 Home Page CMS-1849-F: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipps-final-rule-home-page
4. Medicare Inpatient Hospital 2024 Standard Analytical Files. Data set on file.
5. 2027 ICD-10-PCS Procedure Coding System and Index: https://www.cms.gov/files/document/2027-official-icd-10-pcs-coding-guidelines.pdf
6. CMS MLN Matters MM8401 Mandatory Reporting of 8-Digit Clinical Trial Number on Claims: https://www.cms.gov/transmittals/downloads/r2955cp.pdf
7. Physician Prospective Payment Final rule with comment period and final CY 2026 Payment Rates. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f
8. 2025 American Medical Association. https://www.ama-assn.org/
9. National Correct Coding Initiative Edits: https://www.cms.gov/medicare/coding-billing/ncci-medicare
10. 2027 ICD-10-CM: https://www.cms.gov/medicare/coding-billing/icd-10-codes

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