HEALTH ECONOMICS & REIMBURSEMENT

TRANSCATHETER AORTIC VALVE IMPLANTATION (TAVI) CODING GUIDE

Hospital Inpatient

Effective October 1, 2026 to September 30, 2027

Hospital Outpatient, Ambulatory Surgical Center, Physician

Effective January 1, 2026 to December 31, 2026

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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

CMS provides coverage for Transcatheter Aortic Valve Implantation (TAVI) under Coverage with Evidence Development[1]. Among the coverage criteria specified in this National Coverage Determination (NCD):

- The procedure is furnished with a complete aortic valve and implantation system that has received FDA premarket approval (PMA) for that system's FDA approved indication.
- Both a cardiac surgeon and an interventional cardiologist have independently examined the patient face-to-face and evaluated the patient's suitability for surgical aortic valve replacement (SAVR, TAVR or medical or palliative therapy).
- The heart team's interventional cardiologist(s) and cardiac surgeon(s) must jointly participate in the intra-operative technical aspects of TAVR.
- All TAVR cases must be enrolled in the national transcatheter valve therapy (TVT) registry.

Other institutional and operator requirements apply based on multi-society guidelines. Refer to the NCD 20.32 and MLN Matters Number (MM8168 and MM8255) for additional details and requirements.[2]

MEDICARE ADVANTAGE

Medicare Advantage plan must cover TAVR therapy consistent with the 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 TAVR.
- Private 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 payment methods vary for reimbursing inpatient services including case rates, percent of billed charges, DRGs, and device carve outs.
- Commercial payer policies vary on details such as:
  - Prior authorization requirements.
  - Co-surgeon requirements.

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

HOSPITAL INPATIENT[3]

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MEDICARE NATIONAL AVERAGE REIMBURSEMENT INFORMATION

TAVI procedures are assigned to MS-DRG 266/267: Endovascular Cardiac Valve Replacement and Supplement Procedures. 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	$38,030

Weighted average using MS-DRG breakdown of TAVI cases in Medicare 2024 Standard Analytical files[4] 37% w/ MCCs, 63% w/o MCCs.

Disclaimer: This is not an all-inclusive list of possible MS-DRGs. MS-DRG assignment is based on many factors including documented patient conditions, as well as services rendered during an inpatient admission.

INPATIENT ONLY PROCEDURE

The TAVI procedure is designated by CMS as an Inpatient Only Procedure. Therefore, the two-midnight rule for Medicare does not apply. In addition, there is no designated APC payment for the TAVI procedure nor a C-Code for the TAVI device.

ICD-10-PCS CODE[5]	DESCRIPTION
02RF38Z	Replacement of Aortic Valve with Zooplastic Tissue, Percutaneous Approach

ADDITIONAL REQUIREMENTS

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

ADDITIONAL REQUIRED INFORMATION	NOTES
NCT 01737528	National Clinical Trial Number is required for cases enrolled in the TVT Registry.[2] For Form UB-04 paper claims, enter 01737528 in the value amount, value code D4. For 837I electronic claims, enter 01737528 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 TAVI inpatient claims

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

PHYSICIAN[6]

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IMPLANTING PHYSICIAN[6]		PHYSICIAN		
CPT‡ CODE[7]	DESCRIPTION	WORK RVU	FACILITY RATE	OFFICE RATE*
TRANSCATHETER AORTIC VALVES IMPLANTATION				
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	21.91	$1,079	$674
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	23.93	$1,176	$735
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	24.83	$1,221	$763
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	25.32	$1,265	$791
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	25.93	$1,274	$796
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (e.g., left thoracotomy)	28.62	$1,400	$875
+33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (List separately in addition to code for primary procedure)	11.58	$558	NA
+33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	14.03	$677	NA
+33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	18.53	$894	NA
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	$69	NA

PROCEDURAL IMAGING[6]		PHYSICIAN		
CPT‡ CODE[7]	DESCRIPTION	WORK RVU	FACILITY RVUs	OFFICE RATE
TRANSCATHETER AORTIC VALVES IMPLANTATION				
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), realtime 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 separately in addition to code for primary procedure.

*Office Rate: Modifier 62 Payment = 62.5% of Facility Payment.[8]

+33367-+33369 are add-on codes for cardiopulmonary bypass support to be used by cardiac surgeon, when performed as applicable. Co-surgeons are not permitted for these procedures.

**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]

NA: There is no established Medicare payment in this setting.

PHYSICIAN[6]

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PHYSICIAN CODING MODIFIERS AND ADDITIONAL REQUIREMENTS[2,11]

CPT‡ CODE MODIFIER[7]	NOTES
-Q0	Use for physician claims for cases enrolled in the TVT Registry
-62	Use for physician claims for cases where TAVI procedure indicates participation of two surgeons/co-surgeon
-80/-82	Use for assistant surgeon claims for TAVI. Append modifier to assistant surgeon claims; do not append modifier to primary surgeon claims. Use -80 when TAVI is performed at non-teaching community hospitals without surgery residents. Use -82 for when TAVI is performed at teaching hospitals with surgery residents; -82 indicates qualified surgery resident unavailable. Documentation regarding medical necessity required
ADDITIONAL REQUIREMENTS	**NOTES**
NCT 01737528	National Clinical Trial Number is required for cases enrolled in the TVT Registry. For Form CMS-1500 paper claims, enter 'CT' followed by 01737528 in Field 19. For 837P electronic claims, enter 01737528 (no 'CT') in Loop 2300 REF02 (REF01 = P4).

CODING FOR CO-SURGEONS

TAVI is covered by Medicare and Medicare Advantage plans when performed by co-surgeons. Per the TAVI NCD (20.32), "The heart team's interventional cardiologist(s) and cardiac surgeon(s) must jointly participate in the intra-operative technical aspects of TAVR".[1]

The Physician Final Rule 2026 states that the -62 modifier for TAVI has a status indicator of two (2), which signifies that co-surgeons are permitted without submission of documentation if the two-specialty requirement is met.

Both surgeons use the same CPT‡ code and apply the -62 modifier. Each surgeon submits a separate claim for their professional services.

ADDITIONAL CODES

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ICD-10-CM POTENTIAL DIAGNOSIS CODES

Below are potential ICD-10-CM codes for the TAVI procedure.[10] 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 TAVI coverage. Secondary ICD-10-CM Diagnosis Code Z00.6 should be used to denote clinical trial participation for these TAVI claims.[2,11]

ICD-10-CM CODES	DESCRIPTION
I35.0	Nonrheumatic aortic (valve) stenosis
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 TAVI claims.[4]

ICD-10-CM CODES	DESCRIPTION
E43	Unspecified severe protein-calorie malnutrition
G93.41	Metabolic encephalopathy
I21.4	Non-ST evaluation (NSTEMI) myocardial infarction
I21.A1	Myocardial infarction type 2
I50.23	Acute on chronic systolic (congestive) heart failure
I50.31	Acute on diastolic (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
J18.9	Pneumonia, unspecified organism
J96.01	Acute respiratory failure with hypoxia
J96.21	Acute and chronic respiratory failure with hypoxia
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 TAVI procedures per the CMS NCD 20.32.[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
DIAGNOSIS CODES[10]		
I35.0 Nonrheumatic aortic (valve) stenosis	When appropriate	☐
Z00.6 Examination of a participant in a clinical trial	All cases	☐
ICD-10-PCS CODE[5]		
02RF38Z Replacement of aortic valve with zooplastic tissue, percutaneous approach	All cases	☐
CONDITION CODE		
30 Qualifying clinical trial	All cases	☐
NCT NUMBER[11]		
01737528	All cases	☐
VALUE CODE		
D4	All cases	☐
REVENUE CODE		
278 Medical/surgical supplies and devices, other implants	All cases	☐

RESOURCES

IMPLANTING PHYSICIAN CLAIM CHECKLIST

This checklist is provided as a summary of the information used to process claims for TAVI procedures per CMS's NCD 20.32.[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
DIAGNOSIS CODES[10]		
I35.0 Nonrheumatic aortic (valve) stenosis	When appropriate	☐
Z00.6 Examination of a participant in a clinical trial	All cases	☐
Applicable secondary diagnosis	When appropriate	☐
CPT‡ CODES[7]		
33361* Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Femoral artery approach cases	☐
+93662 Intracardiac echocardiography during therapeutic/ diagnostic intervention	All cases	☐
CPT‡ CODE MODIFIERS[8]		
-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[11]		
01737528	All cases	☐

RESOURCES

ECHOCARDIOGRAPHER CLAIM CHECKLIST

This checklist is provided as a summary of the information used to process claims for TAVI procedures per CMS's NCD 20.32.[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
DIAGNOSIS CODES[10]		
I35.0 Nonrheumatic aortic (valve) stenosis	When appropriate	☐
Z00.6 Examination of a participant in a clinical trial	All cases	☐
Applicable secondary diagnosis	When appropriate	☐
CPT‡ CODES[7]		
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[11]		
01737528	All cases	☐

RESOURCES

ACRONYM DEFINITIONS

ACRONYM	DEFINITION
CMS	Centers for Medicare & Medicaid Services
FDA	Food and Drug Administration
MCC	Major Complications or Comorbidities
MLN	Medicare Learning Network
MS-DRG	Medicare Severity Diagnosis Related Group
NCD	National Coverage Determination
NCT	National Clinical Trial
NSTEMI	Non-ST-segment Elevation Myocardial Infarction
PMA	Premarket Approval
SAVR	Surgical Aortic Valve Replacement
TAVI	Transcatheter Aortic Valve Implantation
TAVR	Transcatheter Aortic Valve Repair
TEE	Transesophageal Echocardiography
TVT	Transcatheter Valve Therapy Registry

REFERENCES

1. CMS National Coverage Determination for Transcatheter Aortic Valve Replacement (TAVR) 20.32: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=355
2. MLN Matters Articles 2013 Transmittals – Transcatheter Aortic Valve Replacement (TAVR) – (MM8168) https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2628cp.pdf (MM8255). https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2689cp.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 2024 Inpatient Hospital Standard Analytical Files. Data set on file.
5. CMS 2027 ICD-10 PCS: https://www.cms.gov/files/document/2027-official-icd-10-pcs-coding-guidelines.pdf
6. 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
7. CPT‡ Coding Guidelines. American Medical Association: https://www.ama-assn.org/
8. Medicare Claims Processing Manual, Chapter 12, Section 40.8, Section B – Billing Instructions: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
9. National correct coding Initiative Edit: https://www.cms.gov/national-correct-coding-initiative-ncci
10. 2027 ICD-10-CM: https://www.cms.gov/medicare/coding-billing/icd-10-codes
11. Transcatheter Aortic Valve Replacement NCT01737528: https://www.cms.gov/medicare/coverage/evidence/aortic-valve-replacement

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