HEALTH ECONOMICS & REIMBURSEMENT

TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR (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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This material and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Abbott makes no express or implied warranty or guarantee that the list of codes and narratives in this document is complete or error-free. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement, or any related issues. This material reproduces information for reference purposes only. It is not provided or authorized for marketing use.

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.

COVERAGE

TriClip™ TEER can be performed in the following settings:

- Facility setting: Hospital Inpatient.

MEDICARE COVERAGE

CMS provides coverage for tricuspid transcatheter edge-to-edge repair (T-TEER) for the treatment of symptomatic severe tricuspid regurgitation (TR) under Coverage with Evidence Development.[1] Among the coverage requirements specified in this National Coverage Determination (NCD):

For the treatment of symptomatic severe tricuspid regurgitation (TR) despite optimal medical therapy (OMT) with tricuspid valve repair when furnished according to an FDA-approved indication.

When considered as appropriate by a heart team, which includes, at a minimum, the following:

- Cardiac surgeon;
- Interventional cardiologist;
- Cardiologist with training and experience in heart failure management; and
- Interventional echocardiographer

All of the specialists listed above must have experience in the care and treatment of tricuspid regurgitation. All tricuspid TEER cases must include the NCT number 06920745 on the claim forms. The T-TEER items and services are furnished in the context of a CMS approved Coverage with Evidence Development (CED) study.

Please refer to NCD Decision Memo CAG00468N and MLN Matters‡ number MM14200 for additional details and requirements.[2]

MEDICARE ADVANTAGE

Medicare Advantage plans must cover tricuspid TEER with TriClip™ 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 tricuspid TEER with TriClip™ 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.

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

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.

TYPICAL MS-DRG	MEDICARE RATE
266 with MCCs	$43,872
267 without MCCs	$34,884
Weighted Average	$39,929

Weighted average using MS-DRG breakdown of tricuspid TEER cases Medicare 2024 Standard Analytical files[4]: 45% w/MCCs, 55% w/o MCCs.

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

PROCEDURE CODES[5]

ICD-10-PCS CODE	DESCRIPTION
02UJ3JZ	Supplement tricuspid valve with Synthetic Substitute, Percutaneous approach

CODING MODIFIERS AND ADDITIONAL REQUIREMENTS

Additional coding requirements are necessary for tricuspid TEER cases enrolled in the Coverage with Evidence Development (CED) Study. TVT Registry participation is not required per the National Coverage Determination (NCD), but is needed for Food and Drug Administration (FDA) surveillance.

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 (NCT) Number for Form UB-04 paper claims, enter **06920745** in the value amount, value code D4. For 837I electronic claims, enter 06920745 in Loop 2300 REF02 (REF01 = P4).[6,7]
Condition Code 30	Condition Code is required for cases enrolled in the CED Study.[2]
Condition Code 04	Information only bill. If you provide T-TEER to a Medicare Advantage (MA) plan patient, you must also report condition code 04. MA organizations are responsible for payment.[1]
Revenue Code 278	Medical/Surgical supplies and devices: Other Implants. A revenue code must be included on all claims.

MCCs = Major Co-morbidities and complications

PHYSICIAN[8]

Effective January 1, 2026 to December 31, 2026

Category III CPT‡ 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.

PHYSICIAN IMPLANTER[8]		PHYSICIAN		
CPT‡ CODE[9]	DESCRIPTION	WORK RVU	FACILITY RVU	OFFICE RATE
TRICUSPID TEER PROCEDURE WITH IMPLANT				
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				

PROCEDURAL IMAGING[8]		PHYSICIAN		
CPT‡ CODE[9]	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

CPT‡ CODE MODIFIERS	WHEN USED
-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

Tricuspid TEER is covered by Medicare when performed by a single operator, or by co-surgeons as clinically appropriate. Per the TEER NCD (20.38), "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 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 tricuspid 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 tricuspid 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. Note which tasks your co-surgeon completed. Avoid using the term "we." "I advanced a wire from the right femoral vein to the superior vena cava." "Dr. Smith advanced the tricuspid valve repair device and delivery system through the guide to the right atrium." Instead of "We positioned the clip" consider, "I advanced the implant into the RV, 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."

(+) = 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.
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.[10]

See Important Safety Information referenced within on page 13.

PHYSICIAN[8]

Effective January 1, 2026 to December 31, 2026

CROSSWALK TO COMPARABLE CPT‡ CODE(S)

Physicians are encouraged to work in advance with their billing department to establish a comparable Category I CPT‡ code for billing the tricuspid TEER procedure. Since the Category III CPT‡ 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‡ 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‡ comparator that is best representative of the tricuspid TEER procedure. It is important to note physicians will not bill the Category I CPT‡ 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‡ code in their documentation to ensure that payment is equivalent to other similar procedures performed.

		PHYSICIAN		
CPT‡ CODE[9]	**DESCRIPTION**	**WORK RVU**	**TOTAL FACILITY RVU**	**NATIONAL AVERAGE 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
AORTIC VALVE REPLACEMENT (TAVR/TAVI)				
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	21.91	32.31	$1,079

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

See Important Safety Information referenced within on page 13.

ADDITIONAL CODES

Effective January 1, 2026 to December 31, 2026

ICD-10-CM DIAGNOSIS CODES[11]

Below are the ICD-10-CM codes currently included in the NCD for the T-TEER procedure.[1] It is the responsibility of the hospital and physician to determine the appropriate diagnosis code(s) for each patient. Diagnosis Code Z00.6 should be used to denote clinical trial participation for tricuspid TEER claims.[1] For non-Medicare payers it is important to consult local medical coverage policies for guidance.

ICD-10-CM CODES	DESCRIPTION
I07.1	Rheumatic tricuspid insufficiency
I07.2	Rheumatic tricuspid stenosis and insufficiency
I08.1	Rheumatic disorders of both mitral and tricuspid valves
I08.2	Rheumatic disorders of both aortic and tricuspid valves
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves
I36.1	Nonrheumatic tricuspid (valve) insufficiency
I36.2	Nonrheumatic tricuspid (valve) stenosis and insufficiency
Q22.8	Other congenital malformations of tricuspid valve
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 tricuspid TEER claims.[4]

ICD-10-CM CODES	DESCRIPTION
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 and diastolic heart failure
J96.01	Acute 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 TriClip™ TEER procedures per CMS's NCD 20.38.[2] 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
DIAGNOSIS CODES[2,11]			
I07.1/I07.2/I08.1/I08.2/I08.3/I36.1/I36.2/Q22.8: Tricuspid valve disorders	When appropriate	☐	☐
Z00.6 Examination of a participant in a clinical trial	All cases	☐	☐
Applicable Secondary Diagnosis Codes	When appropriate	☐	☐
PROCEDURE CODE			
02UJ3JZ: Supplement tricuspid valve with Synthetic Substitute, Percutaneous approach	All cases	☐	☐
CONDITION CODE			
04 - Information only bill	Medicare Advantage Plan cases only	☐	☐
30 - Qualifying clinical trial	All cases	☐	☐
NCT NUMBER[2,6]			
06920745	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 TriClip™ TEER procedures per CMS's NCD 20.38.[2] 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[2,11]			
I07.1/I07.2/I08.1/I08.2/I08.3/I36.1/I36.2/Q22.8: Tricuspid valve disorders	When appropriate	☐	☐
Z00.6 Examination of a participant in a clinical trial	All cases	☐	☐
Applicable Secondary Diagnosis Codes	When appropriate	☐	☐
CPT‡ CODES[9]			
0569T: Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	All cases	☐	☐
+0570T: Transcatheter tricuspid valve repair; add'l prosthesis(es)	Cases where two or more clips are implanted	☐	☐
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]			
06920745	All cases	☐	☐

RESOURCES

ECHOCARDIOGRAPHER CLAIM CHECKLIST

This checklist is provided as a summary of the information used to process claims for TriClip™ TEER procedures per CMS's NCD 20.38.[2] 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[2,11]			
I07.1/I07.2/I08.1/I08.2/I08.3/I36.1/I36.2/Q22.8: Tricuspid valve disorders	When appropriate	☐	☐
Z00.6 Examination of a participant in a clinical trial	All cases	☐	☐
Applicable Secondary Diagnosis Codes	When appropriate	☐	☐
CPT‡ CODES[9]			
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]			
06920745	All cases	☐	☐

RESOURCES

ACRONYM DEFINITIONS

ACRONYM	DEFINITION
CED	Coverage with Evidence Development
CMS	Centers for Medicare & Medicaid Services
CPT‡	Current Procedural Terminology
FDA	Food and Drug Administration
MCC	Major Complication or Comorbidity
MLN	Medicare Learning Network
MS-DRG	Medicare Severity Diagnosis Related Group
NCD	National Coverage Determination
NCT	National Clinical Trial
OMT	Optimal Medical Therapy
RVU	Relative Value Unit
T-TEER	Tricuspid Transcatheter Edge-to-Edge Repair
TEE	Transesophageal Echocardiography
TR	Tricuspid Regurgitation
TVT	Transcatheter Valve Therapy

IMPORTANT SAFETY INFORMATION

Rx Only
Important Safety Information

TRICLIP™ G5 SYSTEM

INDICATIONS
The TriClip™ G5 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™ 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 tricuspid valve.

POTENTIAL ADVERSE EVENTS
The following events have been identified as possible complications of the TriClip™ 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; 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: Cardiorespiratory 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).

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

REFERENCES

1. CMS National Coverage Determination for Tricuspid Valve Regurgitation (T-TEER) 20.38: https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=316&fromTracking=Y&ncacaldoctype=all&status=all&sortBy=status&bc=17
2. CMS MLN Matters MM14200 NCD 20.38: Transcatheter Edge-to-Edge Repair for Tricuspid Valve Regurgitation: https://www.cms.gov/files/document/mm14200-national-coverage-determination-20-38-transcatheter-edge-edge-repair-tricuspid-valve.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. TriClip CED RWE Study NCT 06920745: https://clinicaltrials.gov/study/NCT06920745
8. Physician Prospective Payment Final rule with comment period and final CY 2026 Payment Rates. CMS-1832-F: https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f
9. 2025 American Medical Association. https://www.ama-assn.org/
10. National Correct Coding Initiative Edits: https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits
11. 2027 ICD-10-CM: https://www.cms.gov/medicare/coding-billing/icd-10-codes

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