



Claims Processing Instructions for National Coverage Determination 20.33 - Transcatheter Edge-to-Edge Repair [TEER] for Mitral Valve Regurgitation

MLN Matters Number: MM12361

Related Change Request (CR) Number: 12361

Related CR Release Date: September 8, 2021

Effective Date: January 19, 2021

Related CR Transmittal Number: R10985CP

Implementation Date: October 8, 2021

Provider Types Affected

This MLN Matters Article is for physicians, other providers, and suppliers who send claims to Medicare Administrative Contractors (MACs) for TEER procedures they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows about this change in Medicare's TEER coverage.

Background

CMS covers TEER of the mitral valve under Coverage with Evidence Development (CED) 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. The National Coverage Determination (NCD) also includes hospital infrastructure and procedural volume requirements, as well as operator procedural volume requirements.

For uses that aren't expressly listed as an FDA-approved indication, patients must be enrolled in qualifying clinical studies. Find approved [studies](#) on the CMS website.

[NCD 20.33](#) will expire on January 19, 2031, 10 years from the NCD effective date if it isn't reconsidered during that time. Upon expiration, coverage will be at MAC discretion.

Note: CMS restructured NCD 20.33 and renamed it from Transcatheter Mitral Valve Repair (TMVR) to TEER for mitral valve regurgitation to lay out coverage requirements more clearly

and specify what procedures fall under the NCD.

Refer to the following links for claims processing and NCD instructions prior to January 19, 2021:

- [CR 12124, TN 10832](#), issued June 2, 2021, updated claims processing instructions
- [CR 12027, TN 10566](#), issued January 14, 2021, updated claims processing instructions
- [CR 10318, TN 2005](#), issued January 18, 2018, updated claims processing instructions
- [CR 9751, TN 1753](#), issued November 17, 2016, updated claims processing instructions
- [CR 9540, TN 1658](#), issued April 29, 2016, updated claims processing instructions
- [CR 9002, Transmittal \(TN\) TN 3241](#), issued April 24, 2015, implemented the initial NCD for TMVR, effective August 7, 2014

Your MAC will accept the following procedure and diagnosis codes on claim lines for TEER services:

- CPT 0345T – Transcatheter mitral valve repair percutaneous approach via the coronary sinus
- CPT 33418 – Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis
- CPT 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)

ICD-10 Procedure Code for Mitral Valve TEER Claims

- 02UG3JZ – Supplement mitral valve with synthetic substitute, percutaneous approach
- 02UG3JH – Supplement Mitral Valve with Synthetic Substitute, Transapical, Percutaneous Approach

ICD-10 Diagnosis Codes for Mitral Valve TEER

- I34.0 – Nonrheumatic mitral (valve) insufficiency
- I34.1 – Nonrheumatic mitral (valve) prolapse
- Z00.6 – Encounter for examination for normal comparison and control in clinical research program

Your MAC won't search for TEER claims they processed before implementation of CR 12361. They will adjust such claims you bring to their attention.

More Information

We issued [CR 12361](#) to your MAC as the official instruction for this change. The revised

[Chapter 340](#) of the Medicare Claims Processing Manual is part of the CR.

For more information, contact your [MAC](#).

Document History

Date of Change	Description
September 14, 2021	Initial article released.

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