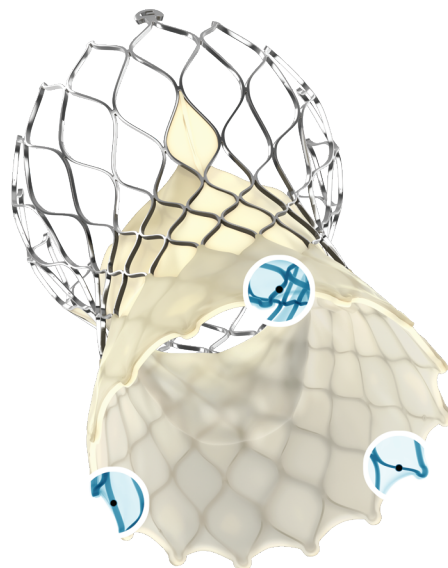


Medtronic



Transcatheter aortic valve replacement

2023 coding and reimbursement

This information is provided for your consideration. It is the provider's responsibility to determine and submit appropriate codes, modifiers, and charges for the services rendered.

Physician coding and reimbursement

The CY2023 payment rates reflect a combined effect of the initial policies from the 2023 final rule and the adjustments made by Congress which resulted in a one-time conversion factor reduction of about 2.1% (was 4.5% reduction before the legislation) and a waiver of the 4% PAYGO Medicare cut that was scheduled to go into effect on January 1, 2023.

Billing requirements for physician claims:

- Append modifiers 62 and “Q0” (zero) to the CPT[®]*1 procedure code, e.g., 33361-33365
- Diagnosis code Z00.6 – encounter for examination for normal comparison and control in clinical research program
- Place of Service 21 – inpatient hospital
- Enter the eight-digit registry number preceded by “CT” in field 19 of the CMS 1500 paper claim form

CPT ¹ code	CPT description ¹	2023 work RVUs ²	2023 total facility RVUs ²	2023 Medicare Nat'l Unadj. Payment ²	Modifier 62 payment for EACH provider. Payment is 62.5% of total payment [†]
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	22.47	35.31	\$1,197	\$748
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	24.54	38.52	\$1,305	\$816
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	25.47	39.88	\$1,351	\$845
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	25.97	39.88	\$1,351	\$845
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	26.59	41.64	\$1,411	\$882
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)	11.88	17.82	\$604	Do not use modifier 62
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)	14.39	21.58	\$731	Do not use modifier 62
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)	19.00	28.49	\$965	Do not use modifier 62

Add-on codes 33367-33369 for cardiopulmonary bypass during the TAVR/TAVI procedure, when performed, are billed by the cardiac surgeon only as applicable. These codes do not require appending modifier 62.

Physician billing detail

Differences in physician billing requirements

All TAVR claims: FDA-approved indications and IDE clinical trials

Item and code instruction	
Diagnosis code	Z00.6 – encounter for examination for normal comparison and control in clinical research program
Place of service	21 – inpatient hospital
CPT procedure codes	33361–33365 for TAVR procedure ⁺
Modifiers	62 – two surgeons/co-surgeons Q0 (zero) – participation in a qualifying registry or qualified clinical study

Differences in submitting claims for FDA-approved indications versus IDE clinical trials

Item and code instruction			
Form type	Item	FDA-approved indications	IDE clinical trials (Information is for illustration only)
Paper form CMS-1500	Item 19 (Addt'l. claim information)	CT 01737528 (CT + Registry #)	CT 99999999 (CT + NCT #)
	Item 23 (used for IDE #)	N/A	G999999 (IDE #)
Electronic form 837p	Loop 2300 REF02 (REF01 = P4) (Addt'l. claim information)	01737528 (Registry #)	99999999 (NCT #)
	Segment 2300, REF02 (REF01 = LX) (used for IDE #)	N/A	G999999 (IDE #)

NCT: national clinical trial number

IDE: investigational device exemption

CT: clinical trial

Source: TAVR Claims Processing Instructions: cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8401.pdf.

CMS CHANGE REQUEST 8401: cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2955CP.pdf.

Reimbursement disclaimer: Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules, and regulations.

The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists, and/or legal counsel for interpretation of coding, coverage, and payment policies.

This document provides assistance for FDA-approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA-cleared or approved labeling (e.g., instructions for use, operator's manual, or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

¹CMS has indicated for selected procedures the modifier 62 is required for payment.

⁴CPT only copyright 2022 American Medical Association. All rights reserved.

References

¹ CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

² CY 2023 payment calculated with the Conversion Factor (CF) \$34.6062. CMS CY 2023 Medicare Physician Fee Schedule Final Rule. Available at: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/pfs-relative-value-files>. Accessed January 13, 2023. CMS may make adjustments to any or all of the data inputs from time to time without notice.

COREVALVE EVOLUT R, COREVALVE EVOLUT PRO, EVOLUT PRO+, AND EVOLUT FX

INDICATIONS The Medtronic CoreValve™ Evolut™ R, Evolut™ PRO+, and Evolut™ FX Systems are indicated for relief of aortic stenosis in patients with symptomatic heart disease due to severe native calcific aortic stenosis who are judged by a heart team, including a cardiac surgeon, to be appropriate for the transcatheter heart valve replacement therapy.

The Medtronic CoreValve Evolut R, Evolut PRO+, and Evolut FX Systems are indicated for use in patients with symptomatic heart disease due to failure (stenosed, insufficient, or combined) of a surgical bioprosthetic aortic valve who are judged by a heart team, including a cardiac surgeon, to be at high or greater risk for open surgical therapy (e.g., STS predicted risk of operative mortality score $\geq 8\%$ or at a $\geq 15\%$ risk of mortality at 30 days).

CONTRAINDICATIONS The CoreValve Evolut R, Evolut PRO+, and Evolut FX Systems are contraindicated in patients who cannot tolerate Nitinol (titanium or nickel), gold (for Evolut FX Systems alone), an anticoagulation/antiplatelet regimen, or who have active bacterial endocarditis or other active infections.

WARNINGS *General* Implantation of the CoreValve Evolut R, Evolut PRO+, and Evolut FX Systems should be performed only by physicians who have received Medtronic CoreValve Evolut R, Evolut PRO+, or Evolut FX training. This procedure should only be performed where emergency aortic valve surgery can be performed promptly. Mechanical failure of the delivery catheter system and/or accessories may result in patient complications. *Transcatheter aortic valve (bioprosthesis)* Accelerated deterioration due to calcific degeneration of the bioprostheses may occur in: children, adolescents, or young adults; patients with altered calcium metabolism (e.g., chronic renal failure or hyperthyroidism).

PRECAUTIONS *General* Clinical long-term durability has not been established for the bioprosthesis. Evaluate bioprosthesis performance as needed during patient follow-up. The safety and effectiveness of the CoreValve Evolut R, Evolut PRO+, and Evolut FX Systems have not been evaluated in the pediatric population. The safety and effectiveness of the bioprostheses for aortic valve replacement have not been evaluated in the following patient populations:

Patients who do not meet the criteria for symptomatic severe native aortic stenosis as defined:

(1) symptomatic severe high-gradient aortic stenosis – aortic valve area ≤ 1.0 cm² or aortic valve area index ≤ 0.6 cm²/m², a mean aortic valve gradient ≥ 40 mm Hg, or a peak aortic-jet velocity ≥ 4.0 m/s; (2) symptomatic severe low-flow, low-gradient aortic stenosis – aortic valve area ≤ 1.0 cm² or aortic valve area index ≤ 0.6 cm²/m², a mean aortic valve gradient ≤ 40 mm Hg, and a peak aortic-jet velocity < 4.0 m/s; with untreated, clinically significant coronary artery disease requiring revascularization; with a preexisting prosthetic heart valve with a rigid support structure in either the mitral or pulmonic position if either the preexisting prosthetic heart valve could affect the implantation or function of the bioprosthesis or the implantation of the bioprosthesis could affect the function of the preexisting prosthetic heart valve; patients with liver failure (Child-Pugh Class C); with cardiogenic shock manifested by low cardiac output, vasopressor dependence, or mechanical hemodynamic support; patients who are pregnant or breastfeeding. The safety and effectiveness of a CoreValve Evolut R, Evolut PRO+, or Evolut FX bioprosthesis implanted within a failed preexisting transcatheter bioprosthesis have not been demonstrated. Implanting a CoreValve Evolut R, Evolut PRO+, or Evolut FX bioprosthesis in a degenerated surgical bioprosthetic valve (transcatheter aortic valve in surgical aortic valve [TAV-in-SAV]) should be avoided in the following conditions: The degenerated surgical bioprosthetic valve presents with: a significant concomitant paravalvular leak (between the prosthesis and the native annulus), is not securely fixed in the native annulus, or is not structurally intact (e.g., wire form frame fracture); partially detached leaflet that in the aortic position may obstruct a coronary ostium; stent frame with a manufacturer-labeled inner diameter < 17 mm. The safety and effectiveness of the bioprostheses for aortic valve replacement have not been evaluated in patient populations presenting with the following: Blood dyscrasias as defined as leukopenia (WBC $< 1,000$ cells/mm³), thrombocytopenia (platelet count $< 50,000$ cells/mm³), history of bleeding diathesis or coagulopathy, or hypercoagulable states; congenital unicuspid valve; mixed aortic valve disease (aortic stenosis and aortic regurgitation with predominant aortic regurgitation [3-4+]); moderate to severe (3-4+) or severe (4+) mitral or severe (4+) tricuspid regurgitation; hypertrophic obstructive cardiomyopathy; new or untreated echocardiographic evidence of intracardiac mass, thrombus, or vegetation; native aortic annulus size ≤ 18 mm or > 30 mm per the baseline diagnostic imaging or surgical bioprosthetic aortic annulus size < 17 mm or > 30 mm; transarterial access unable to accommodate an 18 Fr introducer sheath or the 14 Fr equivalent EnVeo InLine™ Sheath when using models ENVEOR-US/D-EVPROP2329US or Evolut FX Delivery Catheter System with InLine™ Sheath when using model D-EVOLUTFX-2329 or transarterial access unable to accommodate a 20 Fr introducer sheath or the 16 Fr equivalent EnVeo InLine Sheath when using model ENVEOR-N-US or transarterial access unable to accommodate a 22 Fr introducer sheath or the 18 Fr equivalent Evolut PRO+ InLine Sheath when using model D-EVPROP34US or Evolut FX Delivery Catheter System with InLine Sheath when using model D-EVOLUTFX-34; prohibitive left ventricular outflow tract calcification; sinus of Valsalva anatomy that would prevent adequate coronary perfusion; significant aortopathy requiring ascending aortic replacement; moderate to severe mitral stenosis; severe ventricular dysfunction with left ventricular ejection fraction (LVEF) $< 20\%$; symptomatic carotid or vertebral artery disease; and severe basal septal hypertrophy with an outflow gradient.

Before Use Exposure to glutaraldehyde may cause irritation of the skin, eyes, nose, and throat. Avoid prolonged or repeated exposure to the vapors. Damage may result from forceful handling of the catheter. Prevent kinking of the catheter when removing it from the packaging. The bioprosthesis size must be appropriate to fit the patient's anatomy. Proper sizing of the devices is the responsibility of the physician. Refer to the Instructions for Use for available sizes. Failure to implant a device within the sizing matrix could lead to adverse effects such as those listed below. Patients must present with transarterial access vessel diameters of ≥ 5 mm when using models ENVEOR-US/D-EVPROP2329US/D-EVOLUTFX-2329 or ≥ 5.5 mm when using model ENVEOR-N-US or ≥ 6 mm when using models D-EVPROP34US/D-EVOLUTFX-34, or patients must present with an ascending aortic (direct aortic) access site ≥ 60 mm from the basal plane for both systems. Implantation of the bioprosthesis should be avoided in patients with aortic root angulation (angle between plane of aortic valve annulus and horizontal plane/vertebrae) of $> 30^\circ$ for right subclavian/axillary access or $> 70^\circ$ for femoral and left subclavian/axillary access. For subclavian access, patients with a patent left internal mammary artery (LIMA) graft must present with access vessel diameters that are either ≥ 5.5 mm when using models ENVEOR-L-US/D-EVPROP2329US/D-EVOLUTFX-2329 or ≥ 6 mm when using model ENVEOR-N-US or ≥ 6.5 mm when using models D-EVPROP34US/D-EVOLUTFX-34. Use caution when using the subclavian/axillary approach in patients with a patent LIMA graft or patent RIMA graft. For direct aortic access, ensure the access site and trajectory are free of patent RIMA or a preexisting patent RIMA graft. For transfemoral access, use caution in patients who present with multiplanar curvature of the aorta, acute angulation of the aortic arch, an ascending aortic aneurysm, or severe calcification in the aorta and/or vasculature. If ≥ 2 of these factors are present, consider an alternative access route to prevent vascular complications. Limited clinical data are available for transcatheter aortic valve replacement in patients with a congenital bicuspid aortic valve who are deemed to be at low surgical risk. Anatomical characteristics should be considered when using the valve in this population. In addition, patient age should be considered as long-term durability of the valve has not been established.

During Use After the procedure, administer appropriate antibiotic prophylaxis as needed for patients at risk for prosthetic valve infection and endocarditis. After the procedure, administer anticoagulation and/or antiplatelet therapy per physician/clinical judgment. Excessive contrast media may cause renal failure. Prior to the procedure, measure the patient's creatinine level. During the procedure, monitor contrast media usage. Conduct the procedure under fluoroscopy. Fluoroscopic procedures are associated with the risk of radiation damage to the skin, which may be painful, disfiguring, and long-term. The safety and efficacy of a CoreValve Evolut R, Evolut PRO+, or Evolut FX bioprosthesis implanted within a transcatheter bioprosthesis have not been demonstrated.

POTENTIAL ADVERSE EVENTS Potential risks associated with the implantation of the CoreValve Evolut R, Evolut PRO+, or Evolut FX transcatheter aortic valve may include, but are not limited to, the following: • Death • Myocardial infarction, cardiac arrest, cardiogenic shock, or cardiac tamponade • Coronary occlusion, obstruction, or vessel spasm (including acute coronary closure) • Cardiovascular injury (including rupture, perforation, tissue erosion, or dissection of vessels, ascending aorta trauma, ventricle, myocardium, or valvular structures that may require intervention) • Emergent surgical or transcatheter intervention (e.g., coronary artery bypass, heart valve replacement, valve explant, percutaneous coronary intervention [PCI], balloon valvuloplasty) • Prosthetic valve dysfunction (regurgitation or stenosis) due to fracture; bending (out-of-round configuration) of the valve frame; underexpansion of the valve frame; calcification; pannus; leaflet wear, tear, prolapse, or retraction; poor valve coaptation; suture breaks or disruption; leaks; mal-sizing (prosthesis-patient mismatch); malposition (either too high or too low)/malplacement • Prosthetic valve migration/embolization • Prosthetic valve endocarditis • Prosthetic valve thrombosis • Delivery catheter system malfunction resulting in the need for additional recrossing of the aortic valve and prolonged procedural time • Delivery catheter system component migration/embolization • Stroke (ischemic or hemorrhagic), transient ischemic attack (TIA), or other neurological deficits • Individual organ (e.g., cardiac, respiratory, renal [including acute kidney failure]) or multi-organ insufficiency or failure • Major or minor bleeding that may require transfusion or intervention (including life-threatening or disabling bleeding) • Vascular access-related complications (e.g., dissection, perforation, pain, bleeding, hematoma, pseudoaneurysm, irreversible nerve injury, compartment syndrome, arteriovenous fistula, or stenosis) • Mitral valve regurgitation or injury • Conduction system disturbances (e.g., atrioventricular node block, left bundle-branch block, asystole), which may require a permanent pacemaker • Infection (including septicemia) • Hypotension or hypertension • Hemolysis • Peripheral ischemia • General surgical risks applicable to transcatheter aortic valve implantation • Bowel ischemia • Abnormal lab values (including electrolyte imbalance) • Allergic reaction to antiplatelet agents, contrast medium, or anesthesia • Exposure to radiation through fluoroscopy and angiography • Permanent disability Please reference the CoreValve Evolut R, Evolut PRO+, and Evolut FX Instructions for Use for more information regarding indications, warnings, precautions, and potential adverse events.

Caution: Federal Law (USA) restricts these devices to the sale by or on the order of a physician.

The commercial name of the Evolut™ R device is Medtronic CoreValve™ Evolut™ R System, the commercial name of the Evolut™ PRO+ device is Medtronic Evolut™ PRO+ System, and the commercial name of the Evolut™ FX device is Medtronic Evolut™ System.

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