### Physician Coding and Reimbursement

**Billing requirements for physician claims**
- Append modifiers 62 and “Q0” (zero) to the CPT® 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 8 digit registry number preceded by “CT” in field 19 of the CMS 1500 paper claim form

<table>
<thead>
<tr>
<th>CPT Code®1</th>
<th>CPT Description1</th>
<th>2019 Work RVUs2</th>
<th>2019 Total Facility RVUs²</th>
<th>2019 Medicare National Average2</th>
<th>Modifier -62 Payment for EACH Provider. Payment is 62.5% of Total Payment2</th>
</tr>
</thead>
<tbody>
<tr>
<td>33361</td>
<td>Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach</td>
<td>25.13</td>
<td>39.48</td>
<td>$1,423</td>
<td>$889</td>
</tr>
<tr>
<td>33362</td>
<td>Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach</td>
<td>27.52</td>
<td>43.10</td>
<td>$1,553</td>
<td>$971</td>
</tr>
<tr>
<td>33363</td>
<td>Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach</td>
<td>28.50</td>
<td>44.64</td>
<td>$1,609</td>
<td>$1,005</td>
</tr>
<tr>
<td>33364</td>
<td>Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach</td>
<td>30.00</td>
<td>46.14</td>
<td>$1,663</td>
<td>$1,039</td>
</tr>
<tr>
<td>33365</td>
<td>Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)</td>
<td>33.12</td>
<td>51.83</td>
<td>$1,868</td>
<td>$1,167</td>
</tr>
<tr>
<td>33367</td>
<td>Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg femoral vessels) (List separately in addition to code for primary procedure)</td>
<td>11.88</td>
<td>18.29</td>
<td>$659</td>
<td>Do not use -62 modifier</td>
</tr>
<tr>
<td>33368</td>
<td>Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)</td>
<td>14.39</td>
<td>21.72</td>
<td>$783</td>
<td>Do not use -62 modifier</td>
</tr>
<tr>
<td>33369</td>
<td>Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)</td>
<td>19.00</td>
<td>28.67</td>
<td>$1,033</td>
<td>Do not use -62 modifier</td>
</tr>
</tbody>
</table>

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.

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2 CY2019 payment calculated with the Conversion Factor (CF) $36.0391. CMS CY 2019 Medicare Physician Fee Schedule Final Rule. Available at: https://tinyurl.com/y8qm738h. Accessed November 15, 2018. CMS may make adjustments to any or all of the data inputs from time to time without notice.

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

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Medtronic CardioVascular Reimbursement Hotline: 1-866-616-8400
**Physician Billing Detail**  
*Differences in Physician Billing Requirements*

**All TAVR Claims: FDA-Approved Indications and IDE Clinical Trials**

### ITEM AND CODE INSTRUCTION

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Place of Service</th>
<th>CPT Procedure Codes</th>
<th>Modifiers</th>
</tr>
</thead>
</table>
| Z00.6 – Encounter for examination for normal comparison and control in clinical research program | 21 – Inpatient hospital | 33361-33365 for TAVR procedure | 62 – Two surgeons/ co-surgeons  
Q0 (zero) – Participation in a qualifying registry or qualified clinical study |

**Differences in Submitting Claims for FDA-Approved Indications vs. IDE Clinical Trials**

| Item and Code Instruction | FDA-Approved Indications | IDE Clinical Trials  
Information is for illustration only |
|---------------------------|-------------------------|----------------------|
| **Paper Form CMS-1500**  | **Item 19 (Addl Claim Information)** | CT 01737528  
ICT + Registry #) | CT 999999999  
ICT + NCT #) |
| Item 23 (PAN – used for IDE #) | N/A | G999999 (IDE #) |
| **Electronic Form 837p** | Loop 2300 REF02 (REF01=P4)  
(Addl Claim Information) | 01737528  
(Registry #) | 999999999  
NCT #) |
| Segment 2300, REF02(REF01=LX)  
(PAN – used for IDE #) | N/A | G999999 (IDE #) |

**FL:** Form Locator  
**NCT:** National Clinical Trial Number  
**IDE:** Investigational Device Exemption

**Sources:** TAVR Claims Processing Instructions: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8401.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.
INDICATIONS The Medtronic CoreValve™ Evolut™ R and CoreValve™ Evolut™ PRO 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 at intermediate or greater risk for open surgical therapy (e.g., predicted risk of operative mortality ≥ 3% at 30 days, based on the Society of Thoracic Surgeons [STS] risk score and other clinical comorbidities unmeasured by the STS risk calculator).

The Medtronic CoreValve Evolut R and CoreValve Evolut PRO 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 ≥ 2% or at ≥ 15% risk of mortality at 30 days).

CONTRAINDICATIONS The CoreValve Evolut R and PRO systems are contraindicated for patients presenting with any of the following conditions: Heart teams should not implant the bioprosthesis in patients with severe mitral regurgitation; severe mitral valve prolapse; significant aortic regurgitation; New York Heart Association class IV heart failure; severe ventricular dysfunction; hereditary connective tissue disorders; active infective endocarditis; foreign body reaction; coronary artery disease; valve thrombosis; infection; or any other condition that would increase the risk of complications associated with transcatheter aortic valve replacement.

PRECAUTIONS The safety and effectiveness of the CoreValve Evolut R and PRO systems have not been established for patients with aortic annulus diameters ≤ 19 mm. If the aortic annulus is too small, significant regurgitation could result, and the bioprosthesis may be unable to function properly. The aortic root should be of sufficient size to accommodate the catheter system, which should be determined by the patient’s referring cardiologist. The aortic root annulus measurement should be obtained using transthoracic echocardiography (TTE) or transesophageal echocardiography (TEE).

Aortic root annulus measurements should be obtained in both the vertical/parallel and horizontal/oblique planes. The aortic valve annulus diameter should be measured at the level of the sinuses of Valsalva (but not at the level of the ring) and should be obtained at the time of the patient’s most recent echocardiogram. The annulus is defined as the plane between the aortic annulus and the coronary sinus ostia. If the annulus is too small, the bioprosthesis may not be able to function properly, and the procedure should be aborted. If the annulus is too large, the bioprosthesis may be too small, and the procedure may be unsuccessful. The aortic root annulus should be measured in both the horizontal and vertical planes to ensure that the annulus is large enough to accommodate the bioprosthesis. The aortic root annulus should be measured in both the vertical and horizontal planes to ensure that the annulus is large enough to accommodate the bioprosthesis. The aortic root annulus should be measured in both the vertical and horizontal planes to ensure that the annulus is large enough to accommodate the bioprosthesis. The aortic root annulus should be measured in both the vertical and horizontal planes to ensure that the annulus is large enough to accommodate the bioprosthesis. The aortic root annulus should be measured in both the vertical and horizontal planes to ensure that the annulus is large enough to accommodate the bioprosthesis.