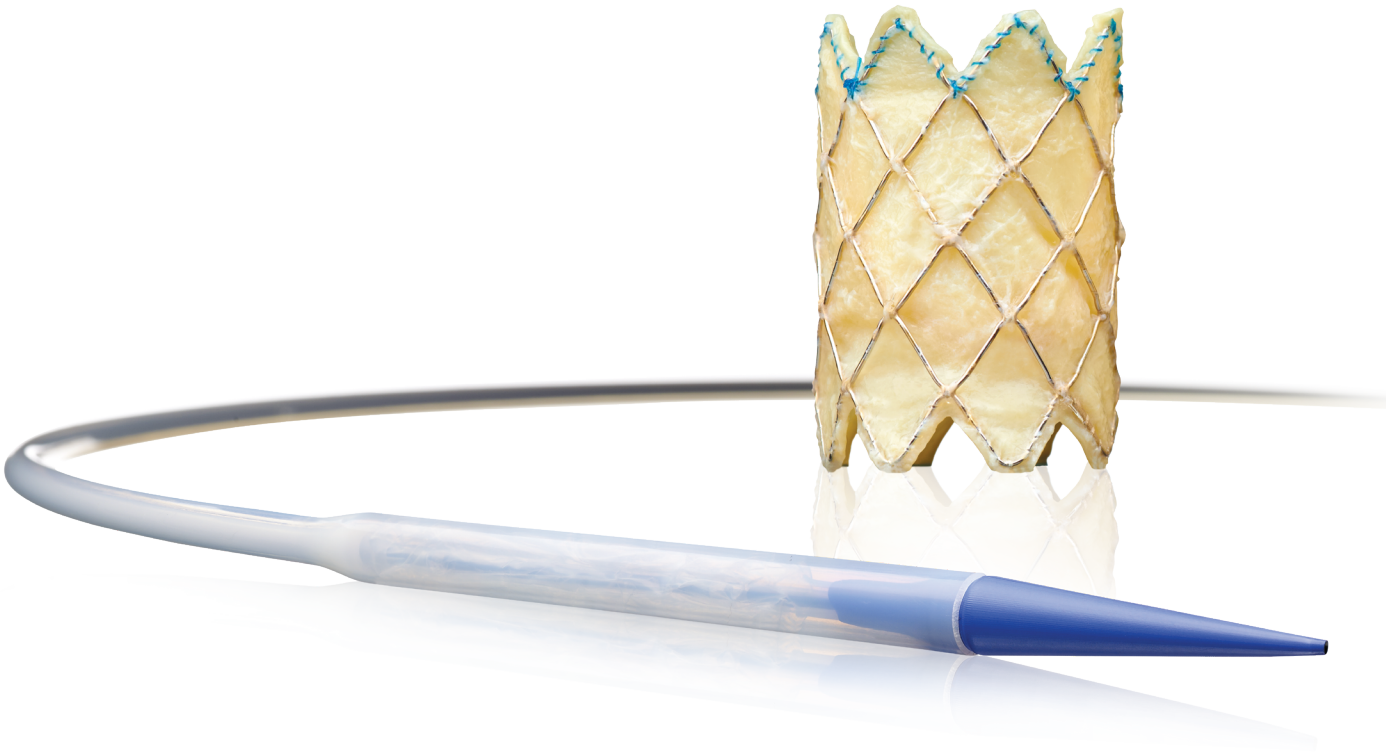
Medtronic

2026 commonly billed codes

Melody™
transcatheter pulmonary valve

Ensemble™ II
transcatheter valve delivery system



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Commonly billed codes

2026

For right ventricular outflow tract conduit dysfunction

The Melody™ TPV is indicated for use in the management of pediatric and adult patients who have a clinical indication for intervention on a dysfunctional right ventricular outflow tract (RVOT) conduit or surgical bioprosthetic pulmonary valve that has ≥ moderate regurgitation, and/or a mean RVOT gradient ≥ 35 mmHg.

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. As a result, Medtronic does not represent or guarantee that this information is complete, accurate, or applicable to any particular patient or third party payer or guarantees payment.

The provider has the responsibility to determine medical necessity and to submit appropriate documentation, 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 and any applicable laws or regulations that may apply.

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.

Hospital inpatient coding and reimbursement

FY26 (Effective October 1, 2025 to September 30, 2026)

ICD-10 PCS procedure code

Hospitals use ICD-10-PCS codes for inpatient procedures. They are a factor in Medicare DRG payment for hospital inpatient services.

Note: The ICD-10 PCS code shown reflects the typical procedure, using known Medtronic devices where appropriate. Theoretical possibilities are not shown, e.g., approaches that are not common and device types that are not currently on the market.

Transcatheter pulmonary valve procedure code

ICD-10 PCS procedure code[1]	ICD-10 PCS procedure code description
02RH38L	Replacement of pulmonary valve with zooplastic tissue, in existing conduit, percutaneous

Transcatheter pulmonary valve DRGs

MS-DRG	Description	FY26 Medicare National Unadjusted Payment[2]
266	Endovascular cardiac valve replacement and supplement procedures with MCC	$ 44,595
267	Endovascular cardiac valve replacement and supplement procedures without MCC	$ 34,643

MCC = major complication or comorbidity.

Physician coding and reimbursement

CPT procedure code

Physicians use CPT codes for services. Relative value units (RVUs) are used to calculate payment under Medicare's RBRVS system for physician payment. CY 2026 payment was calculated with the Conversion Factor (CF) of $33.40. CMS may make adjustments to any or all of the data inputs from time to time without notice.

CPT code	Description	2026 total facility RVUs[3]	2026 Medicare national unadjusted payment[3]
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	33.71	$1,126

Included in the procedure:

- Code 33477 includes the work, when performed, of percutaneous access, placing the access sheath, advancing the repair device delivery system into position, repositioning the device as needed, and deploying the device(s). Angiography, radiological supervision, and interpretation performed to guide TPVI (e.g., guiding device placement and documenting completion of the intervention) are included in the code.
- Code 33477 includes all cardiac catheterization(s), intraprocedural contrast injection(s), fluoroscopic radiological supervision and interpretation, and imaging guidance performed to complete the pulmonary valve procedure. Do not report 33477 in conjunction with 76000, 93451, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93563, 93566, 93567, 93568, 93569, 93573, 93593, 93594, 93596, 93597, 93598 for angiography intrinsic to the procedure.
- Code 33477 includes percutaneous balloon angioplasty of the conduit/treatment zone, valvuloplasty of the pulmonary valve conduit, and stent deployment within the pulmonary conduit or an existing bioprosthetic pulmonary valve, when performed. Do not report 33477 in conjunction with 37236, 37237, 92997, 92998 for pulmonary artery angioplasty/valvuloplasty or stenting within the prosthetic valve delivery site.

Separately reportable:

- Codes 92997, 92998 may be reported separately when pulmonary artery angioplasty is performed at a site separate from the prosthetic valve delivery site.
- Codes 37236, 37237 may be reported separately when pulmonary artery stenting is performed at a site separate from the prosthetic valve delivery site.

Other procedures:

- Diagnostic right heart catheterization and diagnostic coronary angiography codes can be reported with 33477 only when they represent a fully diagnostic study, such as when no prior study is available or new evaluation is needed due to inadequate visualization or clinical change.
- When transcatheter ventricular support is required in conjunction with TPVI, the appropriate code may be reported with the appropriate percutaneous ventricular assist device (VAD) procedure codes (33990, 33991, 33992, 33993, 33995, 33997), extracorporeal membrane oxygenation (ECMO) or extracorporeal life support services (ECLS) procedure codes (33946-33989), or balloon pump insertion codes (33967, 33970, 33973).
- When cardiopulmonary bypass is performed in conjunction with TPVI, code 33477 may be reported with the appropriate add-on code for percutaneous peripheral bypass (33367), open peripheral bypass (33368), or central bypass (33369).

Medicare ambulatory payment classifications (APCs)

Hospitals use CPT for outpatient procedures, which Medicare reimburses using APCs.

CPT code (33477) for endovascular replacement of pulmonic valve has no APC assignment because this code is on Medicare's "inpatient-only" list. Medicare will only reimburse for the procedure in the inpatient setting. Site-of-service determination is the responsibility of the clinician relative to the patient's clinical condition.

Private payers

Private payers use various payment mechanisms such as APCs, percent of charge, carve-out, fee schedule, etc.

Private payers may or may not follow Medicare. Working with private payers during the pre-certification/pre-authorization process may provide insight on how the specific payer intends to adjudicate the claim for reimbursement.

Select ICD-10 CM potential diagnosis codes

Transcatheter pulmonary valve potential diagnosis codes	
ICD-10 CM diagnosis code[4]	ICD-10 CM diagnosis code description
I37.0	Non-rheumatic pulmonary valve stenosis
I37.1	Non-rheumatic pulmonary valve insufficiency (regurgitation)
I37.2	Non-rheumatic pulmonary valve stenosis with insufficiency
I37.8	Other non-rheumatic pulmonary valve disorders
Q20.0	Common arterial trunk
Q20.3	Discordant ventriculoarterial connection
Q20.1	Double outlet right ventricle
Q20.5	Discordant atrioventricular connection
Q20.8	Other congenital malformations of cardiac chambers and connections
Q21.3	Tetralogy of Fallot
Q22.3	Other congenital malformations of pulmonary valve
Q22.0	Pulmonary valve atresia (congenital)
Q22.1	Congenital pulmonary valve stenosis
Q22.2	Congenital pulmonary valve insufficiency
Q22.3	Other congenital malformations of pulmonary valve
Q25.5	Atresia of pulmonary artery
Q25.6	Stenosis of pulmonary artery
Q25.71	Coarctation of pulmonary artery
Q25.72	Congenital pulmonary arteriovenous malformation
Q25.79	Other congenital malformations of pulmonary artery

Select ICD-10 CM potential diagnosis codes

Transcatheter pulmonary valve potential diagnosis codes	
ICD-10 CM diagnosis code[4]	ICD-10 CM diagnosis code description
T82.01xA	Breakdown (mechanical) of heart valve prosthesis, initial encounter
T82.02xA	Displacement of heart valve prosthesis, initial encounter
T82.03xA	Leakage of heart valve prosthesis, initial encounter
T82.09xA	Other mechanical complication of heart valve prosthesis, initial encounter
T82.221A	Breakdown (mechanical) of biological heart valve graft, initial encounter
T82.222A	Displacement of biological heart valve graft, initial encounter
T82.223A	Leakage of biological heart valve graft, initial encounter
T82.228A	Other mechanical complication of biological heart valve graft, initial encounter
T82.518A	Breakdown (mechanical) of other cardiac and vascular devices and implants, initial encounter
T82.538A	Leakage of other cardiac and vascular devices and implants, initial encounter
T82.598A	Other mechanical complication of other cardiac, and vascular devices and implants, initial encounter
T82.857A	Stenosis of cardiac prosthetic devices, implants and grafts, initial encounter
Z87.74	Personal history of (corrected) congenital malformations of heart and circulatory system
Z45.09	Encounter for adjustment and management of other cardiac device

1. 2025 ICD-10 PCS American Medical Association.
2. FY 2026 IPPS Final Rule Home Page. Centers for Medicare & Medicaid Services. Available at: https://www.cms.gov/medicare/payment/prospective prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-final-rule-home-page. Accessed on November 23, 2025
3. CY 2026 payment was calculated with the Conversion Factor (CF) of $ 33.40. CMS CY 2026 Medicare Physician Fee Schedule Final Rule. Centers for Medicare & Medicaid Services. Available at: https://www.federalregister.gov/public-inspection/current. Accessed on November 23, 2025.
4. 2025 ICD-10 CM American Medical Association.

Melody™ Transcatheter Pulmonary Valve, Ensemble™ II Transcatheter Valve Delivery System Important Labeling Information for the United States

Indications: The Melody TPV is indicated for use in the management of pediatric and adult patients who have a clinical indication for intervention on a dysfunctional right ventricular outflow tract (RVOT) conduit or surgical bioprosthetic pulmonary valve that has ≥ moderate regurgitation, and/or a mean RVOT gradient ≥ 35 mm Hg.

Contraindications: None known.

Warnings/Precautions/Side Effects:

- **DO NOT implant in the aortic or mitral position. Pre-clinical bench testing of the Melody valve suggests that valve function and durability will be extremely limited when used in these locations.**
- DO NOT use if patient's anatomy precludes introduction of the valve, if the venous anatomy cannot accommodate a 22 Fr size introducer, or if there is significant obstruction of the central veins.
- DO NOT use if there are clinical or biological signs of infection including active endocarditis. Standard medical and surgical care should be strongly considered in these circumstances.
- Assessment of the coronary artery anatomy for the risk of coronary artery compression should be performed in all patients prior to deployment of the TPV.
- To minimize the risk of conduit rupture, do not use a balloon with a diameter greater than 110% of the nominal diameter (original implant size) of the conduit for pre-dilation of the intended site of deployment, or for deployment of the TPV.
- The potential for stent fracture should be considered in all patients who undergo TPV placement. Radiographic assessment of the stent with chest radiography or fluoroscopy should be included in the routine postoperative evaluation of patients who receive a TPV.
- If a stent fracture is detected, continued monitoring of the stent should be performed in conjunction with clinically appropriate hemodynamic assessment. In patients with stent fracture and significant associated RVOT obstruction or regurgitation, reintervention should be considered in accordance with usual clinical practice.

Potential procedural complications that may result from implantation of the Melody device include the following: rupture of the RVOT conduit, compression of a coronary artery, perforation of a major blood vessel, embolization or migration of the device, perforation of a heart chamber, arrhythmias, allergic reaction to contrast media, cerebrovascular events (TIA, CVA), infection/sepsis, fever, hematoma, radiation-induced erythema, blistering, or peeling of skin, pain, swelling, or bruising at the catheterization site.

Potential device-related adverse events that may occur following device implantation include the following: stent fracture,* stent fracture resulting in recurrent obstruction, endocarditis, embolization or migration of the device, valvular dysfunction (stenosis or regurgitation), paravalvular leak, valvular thrombosis, pulmonary thromboembolism, hemolysis.

*The term "stent fracture" refers to the fracturing of the Melody TPV. However, in subjects with multiple stents in the RVOT it is difficult to definitively attribute stent fractures to the Melody frame versus another stent.

For additional information, please refer to the Instructions For Use provided with the product or available at manuals.medtronic.com.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

The Medtronic CardioVascular Coding Hotline is available to respond to your coding questions at 877-347-9662.

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