



# Coding Structural Procedures

## General Coding Guidelines for Structural Procedures

### **Transcatheter Aortic Valve Replacement/Implantation (TAVR/TAVI)**

Requires two physician operators per CPT. Must be reported with modifier 62. Payers may have specific requirements.

- All TAVR/TAVI codes include:
- Percutaneous access
- Placing access sheath
- Balloon aortic valvuloplasty
- Advancing valve delivery system
- Repositioning the valve
- Deploying the valve
- Temporary pacemaker insertion for rapid pacing
- Closure of arteriotomy
- Angiography, radiological supervision and interpretation to guide TAVR/TAVI

Report diagnostic angiography separately when:

- No prior study is available and decision to perform intervention is based on diagnostic angiography
- Prior imaging exists, but has inadequate visualization, clinical indication has changed, or clinical change requires evaluation of separate area

Do not report diagnostic angiography when:

- Done for roadmapping or fluoroscopic guidance for TAVR/TAVI
- Done for aorta/left ventricular outflow tract measurement
- Post-TAVR/TAVI aortic or left ventricular angiography

Report percutaneous coronary interventional procedures separately

Report moderate sedation (99152) separately

Report ultrasound guidance (76937) if image is saved in the medical record

Report intracardiac echocardiography (ICE) separately (93662)

Medicare NCD specifically requires:

- Patient is under care of a heart team
- An interventional cardiologist and a cardiac surgeon jointly participate in intra-operative technical aspects

33370 is an add on code for embolic protection that can be used with any of the TAVR codes (33361–33366)

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### Transcatheter Aortic Valve Replacement/Implantation (TAVR/TAVI) (continued)

33370 includes:

- percutaneous arterial access
- placement of a guiding catheter
- delivery of an embolic protection filter(s) prior to a TAVR
- filter removal after TAVR
- Angiography, radiological supervision and interpretation

TAVR has a 000 day global period.

<b>CPT®</b>	<b>CODE DESCRIPTION</b>
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy)
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; tranapical exposure (eg, left thoracotomy)
33368	Cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels)
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous

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### **Transcatheter Mitral Valve Replacement/Implantation (TMVR/TMVI)**

Allows two physician operators of different specialties reported with modifier 62 but it is not a requirement. Payers may have specific requirements.

TMVR includes:

- Obtaining percutaneous access
- Placing the access sheath
- Advancing the repair device delivery system into position
- Transseptal puncture, when performed
- Repositioning the device as needed
- Deploying the device(s)

Report diagnostic angiography separately when:

- No prior study is available and decision to perform intervention is based on diagnostic angiography
- Prior imaging exists, but has inadequate visualization, clinical indication has changed, or clinical change requires evaluation of separate area

Do not report diagnostic angiography when:

- Done for roadmapping or fluoroscopic guidance for TMVR
- Done to assess mitral regurgitation for guidance of TMVR
- Done for hemodynamic measurements before, during or after TMVR

Report percutaneous coronary interventional procedures separately

Report moderate sedation (99152) separately

Report ultrasound guidance (76937) if image is saved in the medical record

Report intracardiac echocardiography (ICE) separately (93662)

Do not report 0345T with right and left heart catheterization inherent to the valve repair

# Coding Structural Procedures

## General Coding Guidelines for Structural Procedures

### Transcatheter Mitral Valve Replacement/Implantation (TMVR/TMVI) (continued)

Medicare NCD requirements for M-TEER:

- Patient under care of heart team
- Patient suitability evaluated and made available to heart team
- An interventional cardiologist or cardiac surgeon from the heart team must perform
- An interventional echocardiographer from the heart team must perform transesophageal echocardiography during the procedure
- Interventional echocardiographer may not also furnish anesthesiology during the same procedure
- Interventional cardiologist and cardiac surgeon may jointly participate in the intra-operative technical aspects of TEER as appropriate.
- All physicians who participate in the procedure must have device-specific training as required by the manufacturer.

33418 has a 90 day global period

<b>CPT®</b>	<b>CODE DESCRIPTION</b>
33418	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis
33419	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; additional prosthesis(es) during same session Report only once per session
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transeptal puncture

# Coding Structural Procedures

## General Coding Guidelines for Structural Procedures

### **Transcatheter Tricuspid Valve Replacement/Implantation (TTVR/ TTVI)**

0545T includes:

- Vascular access
- Catheterization
- Deploying and adjusting reconstruction device
- Temporary pacemaker insertion for rapid pacing
- Access site closure

0569T and 0570T include:

- Percutaneous vascular access
- Placing the access sheath
- Cardiac catheterization
- Advancing repair device into position
- Repositioning the prosthesis
- Deploying the prosthesis
- Vascular closure
- Angiography, radiologic supervision and interpretation to guide TTVR
- Intracardiac echocardiography

Medicare NCD is forthcoming.

0646T includes:

- Vascular access
- Catheterization
- Repositioning valve delivery device
- Deploying valve
- Temporary pacemaker insertion for rapid pacing
- Access site closure

Report diagnostic angiography separately when:

- No prior study is available and decision to perform intervention is based on diagnostic angiography
- Prior imaging exists, but has inadequate visualization, clinical indication has changed, or clinical change requires evaluation of separate area

Do not report diagnostic angiography when:

- Done for roadmapping or fluoroscopic guidance for TTVR/TTVI
- Done to assess mitral regurgitation for guidance of TTVR/TTVI
- Done for hemodynamic measurements before, during or after TTVR/TTVI

# Coding Structural Procedures

## General Coding Guidelines for Structural Procedures

### **Transcatheter Tricuspid Valve Replacement/Implantation (TTVR/ TTVI) (continued)**

Report percutaneous coronary interventional procedures separately

Report moderate sedation (99152) separately

Report ultrasound guidance (76937) if image is saved in the medical record

<b>CPT®</b>	<b>CODE DESCRIPTION</b>
0545T	Transcatheter tricuspid valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during the same session
0646T	Transcatheter tricuspid valve implementation (TTVI)/ replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed

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## General Coding Guidelines for Structural Procedures

### Transcatheter Pulmonary Valve Implantation (TPVI)

Report 33477 once per session

TPVI includes:

- Percutaneous access
- Placing access sheath
- Advancing repair delivery system
- Repositioning and deploying the device
- Angiography, radiological supervision and interpretation to guide TPVI
- Cardiac catheterization
- Percutaneous balloon angioplasty of the conduit/treatment zone
- Valvuloplasty of the pulmonary valve conduit
- stent deployment within the pulmonary conduit
- Codes 37236 and 37237, 92997 and 92998 at the valve delivery site

37236, 37237 separately reportable when performed at a separate site

Report intracardiac echocardiography (ICE) separately (93662)

Report moderate sedation (99152) separately

Report ultrasound guidance (76937) if image is saved in the medical record

Report diagnostic angiography separately when:

- No prior study is available and decision to perform intervention is based on diagnostic angiography
- Prior imaging exists, but has inadequate visualization, clinical indication has changed, or clinical change requires evaluation of separate area

Do not report diagnostic angiography when:

- Done for roadmapping or fluoroscopic guidance for TTVR/TTVI
- Done to assess mitral regurgitation for guidance of TTVR/TTVI
- Done for hemodynamic measurements before, during or after TTVR/TTVI

33477 has a 000 day global period.

<b>CPT®</b>	<b>CODE DESCRIPTION</b>
33477	Transcatheter pulmonary valve implementation, percutaneous approach, including pre-stenting of the valve delivery site, when performed

# Coding Structural Procedures

## General Coding Guidelines for Structural Procedures

### **Caval Valve Implantation (CAVI) (Both SVC, IVC)**

0805T and 0806T include:

- Vascular access
- Placing access sheath
- Transseptal puncture
- Advancing delivery system into position
- Repositioning and deploying device

Report diagnostic angiography separately when:

- No prior study is available and decision to perform intervention is based on diagnostic angiography
- Prior imaging exists, but has inadequate visualization, clinical indication has changed, or clinical change requires evaluation of separate area

Do not report diagnostic angiography when:

- Done for roadmapping or fluoroscopic guidance for CAVI
- Done to assess mitral regurgitation for guidance of CAVI
- Done for hemodynamic measurements before, during or after CAVI

<b>CPT®</b>	<b>CODE DESCRIPTION</b>
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation (CAVI)); percutaneous femoral vein approach
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation (CAVI)); open femoral vein approach



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### Left Atrial Appendage Occlusion (LAAO)

Allows two physician operators of different specialties reported with modifier 62 but it is not a requirement. Payers may have specific requirements.

LAAO includes:

- Transseptal puncture
- Left heart catheterization unless catheterization of the left ventricle is performed by a nontransseptal approach for indications distinct from the left atrial appendage closure
- Right heart catheterization unless complete right heart catheterization is performed for indications distinct from the left atrial appendage closure

Report intracardiac echocardiography (ICE) separately (93662)

Report moderate sedation (99152) separately

Report ultrasound guidance (76937) if image is saved in the medical record

Medicare NCD specifically requires:

- Shared decision making with independent non-interventional physician
- Determined patient unable to take long term oral anticoagulation

LAAO has a 000 day global period.

<b>CPT®</b>	<b>CODE DESCRIPTION</b>
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

# Coding Structural Procedures

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### REFERENCES

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