HEALTH ECONOMICS & REIMBURSEMENT

Echocardiographer Checklist for TriClip™ Transcatheter Edge-to-Edge Repair

The checklist below is provided as a summary of the information used to process claims for Tricuspid Transcatheter Edge-to-Edge Repair (T-TEER) procedures with the TriClip™ TEER System based on the National Coverage Determination (NCD). It is the responsibility of the hospital and/or physician to determine appropriate coding for a particular patient and/or procedure. **Please note that prior authorization will be required for Medicare Advantage and third-party commercial insurance plans**. Any claim should be coded appropriately and supported with adequate documentation in the medical record.

CODES/MODIFIERS/OTHERS	WHEN USED?	INCLUDED	NA
ICD-10-CM DIAGNOSIS CODES			
I36.1/I36.8/I36.9: Nonrheumatic tricuspid (valve) insufficiency	When appropriate	☐	☐
Z00.6: Examination of a participant in a clinical trial	All cases	☐	☐
Applicable secondary diagnosis codes	When appropriate	☐	☐
CPT‡ CODES			
93355*: TEE for intraprocedural monitoring	All cases	☐	☐
CPT‡ CODE MODIFIERS			
-Q0: Investigational/Routine clinical service provided in a clinical research study that is in an approved clinical research study.	All cases	☐	☐
NCT NUMBER			
06920745	All cases	☐	☐

* Note that 93355 is bundled and not separately payable when reported on the same physician claim as the primary procedure or with anesthesia services.

Rx Only
Important Safety Information

TRICLIP™ G5 SYSTEM

INDICATIONS
The TriClip™ G5 System is indicated for improving quality of life and functional status in patients with symptomatic severe tricuspid regurgitation despite optimal medical therapy, who are at intermediate or greater risk for surgery and in whom transcatheter edge-to-edge valve repair is clinically appropriate and is expected to reduce tricuspid regurgitation severity to moderate or less, as determined by a multidisciplinary heart team.

CONTRAINDICATIONS
The TriClip™ G5 System is contraindicated for use in patients with the following conditions: Intolerance, including allergy or untreatable hypersensitivity, to procedural anticoagulation; Untreatable hypersensitivity to Implant components (nickel-titanium alloy, cobalt-chromium alloy); Active endocarditis or other active infection of the tricuspid valve.

POTENTIAL ADVERSE EVENTS
The following events have been identified as possible complications of the TriClip™ G5 Procedure. Allergic reactions or hypersensitivity to latex, contrast agent, anaesthesia, device materials and drug reactions to anticoagulation, or antiplatelet drugs; Additional treatment / surgery from device-related complications; Bleeding; Blood disorders (including coagulopathy, hemolysis, and Heparin Induced Thrombocytopenia (HIT)); Cardiac arrhythmias (including conduction disorders, atrial arrhythmias, ventricular arrhythmias); Cardiac ischemic conditions (including myocardial infarction, myocardial ischemia, unstable angina, and stable angina); Cardiac perforation; Cardiac tamponade; Chest pain; Death; Dyspnea; Edema; Embolization (device or components of the device); Endocarditis; Fever or hyperthermia; Fluoroscopy and Transesophageal echocardiogram (TEE) -related complications: Skin injury or tissue changes due to exposure to ionizing radiation, Esophageal irritation, Esophageal perforation, Gastrointestinal bleeding; Hypotension / hypertension; Infection including: Septicemia; Nausea or vomiting; Pain; Pericardial effusion; Stroke / cerebrovascular accident (CVA) and transient ischemic attack (TIA); System organ failure: Cardio-respiratory arrest, Worsening heart failure, Pulmonary congestion, Respiratory dysfunction or failure or atelectasis, Renal insufficiency or failure, Shock (including cardiogenic and anaphylactic); Thrombosis; Tricuspid valve complications, which may complicate or prevent later surgical repair, including: Chordal entanglement / rupture, Single leaflet device attachment (SLDA), Dislodgement of previously implanted devices, Tissue damage, Tricuspid valve stenosis, Worsening, persistent or residual regurgitation; Vascular access complications which may require additional intervention, including: Wound dehiscence, Bleeding of the access site, Arteriovenous fistula, pseudoaneurysm, aneurysm, dissection, perforation (rupture), vascular occlusion, Embolism (air, thrombus), Peripheral nerve injury; Venous thrombosis (including deep vein thrombosis) and thromboembolism (including pulmonary embolism).

References

- CMS National Coverage Determination for Tricuspid Valve Regurgitation (T-TEER) https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=316&fromTracking=Y&ncacaldoctype=all&status=all&sortBy=status&bc=17
- CMS 2025 ICD-10-CM. https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf

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