Hospital Claim Checklist for TriClip™ Transcatheter Edge-to-Edge Repair (TEER)

This checklist is provided as a summary of information that can be used to process claims for TriClip™ TEER procedures. This procedure might be referred to as TriClip™ Transcatheter Tricuspid Valve Repair (TTVr).

It is the responsibility of the hospital and/or physician to determine appropriate coding for a particular patient and/or procedure. Any claim should be coded appropriately and supported with adequate documentation in the medical record. Coding requirements should be verified with the individual carrier before submitting charges. **Please note that prior authorization must be obtained for Medicare Advantage and third-party commercial insurance plans.**

CODES/MODIFIERS/OTHER	WHEN USED?	INCLUDED
ICD-10-CM DIAGNOSIS CODES		
I36.1/I36.8/I36.9: Nonrheumatic tricuspid (valve) disorders	When appropriate	☐
Z00.6: Examination of a participant in a clinical trial	All cases	☐
Applicable Secondary Diagnosis Codes	When appropriate	☐
ICD-10-PCS CODE		
02UJ3JZ: Supplement Tricuspid Valve with Synthetic Substitute, Percutaneous Approach	All cases	☐
CONDITION CODE		
30 – Qualifying clinical trial	All cases	☐
NCT NUMBER		
06920745	All cases	☐
VALUE CODE		
D4	All cases	☐
REVENUE CODE		
278: Medical/Surgical Supplies and Devices, Other implants	All cases	☐

Please note that hospitals may report TriClip™ TEER cases to the relevant STS/ACC TVT Registry.

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 2025 ICD-10-CM. https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf
- CMS 2025 ICD-10-PCS Procedure Coding System and Index: https://www.cms.gov/files/document/2025-official-icd-10-pcs-coding-guidelines.pdf
- CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 32, sections 290.1- 290.4 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf

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