



TRICLIP™ TRANSCATHETER EDGE-TO-EDGE REPAIR

Implanting Physician(s) Checklist for TriClip™ Transcatheter Edge-to-Edge Repair (TEER)

The checklist below is provided as a summary of the information to process claims for 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 must be obtained for Medicare Advantage and third-party commercial insurance plans.** Medicare Fee for Service (FFS) does not require a prior authorization process.

CODES/MODIFIERS/OTHERS	WHEN USED?	INCLUDED	NA
ICD-10-CM DIAGNOSIS CODES			
I36.1/I36.8/I36.9: Nonrheumatic tricuspid (valve) disorders	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Z00.6: Examination of a participant in a clinical trial	All cases	<input type="checkbox"/>	<input type="checkbox"/>
Applicable secondary diagnosis codes	When appropriate	<input type="checkbox"/>	<input type="checkbox"/>
CPT [‡] CODES			
0569T: Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	All cases	<input type="checkbox"/>	<input type="checkbox"/>
+0570T: Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during the same session	Cases where two or more clips were implanted	<input type="checkbox"/>	<input type="checkbox"/>
CPT [‡] CODE MODIFIERS			
-Q0: Investigational/Routine clinical service provided in a clinical research study that is in an approved clinical research study.	All cases	<input type="checkbox"/>	<input type="checkbox"/>
-62: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure	When two surgeons/ co-surgeons perform the procedure. Supporting documentation is required to show the medical necessity for co-surgeons	<input type="checkbox"/>	<input type="checkbox"/>
-80/-82: Assistant Surgeon	When surgical assistant services are used during the procedure	<input type="checkbox"/>	<input type="checkbox"/>
NCT Number			
06920745	All cases	<input type="checkbox"/>	<input type="checkbox"/>

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.

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).

Reference

- CMS National Coverage Determination for Tricuspid Valve Regurgitation (T-TEER) <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncid=316&fromTracking=Y&ncacaldoctype=all&status=all&sortBy=status&bc=17>
- CMS 2025 ICD-10-CM. [2025-icd-10-cm](#)

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3200 Lakeside Dr., Santa Clara, CA 95054 USA Tel: 1.800.227.9902
www.cardiovascular.abbott

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